

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000128**

1. Entity Name

LAS VEGAS OUTLET WORLD, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -3 PM 6:09

Principal Place of Business

C/O LOTHAR ESTEIN // INTERNATIONAL STATION
5211 INTERNATIONAL DRIVE
ORLANDO FL 32819

Mailing Address

C/O LOTHAR ESTEIN // INTERNATIONAL STATION
5211 INTERNATIONAL DRIVE
ORLANDO FL 32819-9452



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3223434

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VEGOSEN, DEAN
500 S. AUSTRALIAN AVE., 10TH FLOOR
WEST PALM BEACH FL 33401

Name **Lothar Estein**

Street Address (P.O. Box Number is Not Acceptable)

5211 International Drive

City

Orlando

FL

Zip Code
32819

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]

Lothar Estein, President of General Partner

3-30-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$16,200,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE**
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **L93000000410**
NAME **WELP LAS VEGAS OUTLET, L.C.**
STREET ADDRESS **C/O 500 S. AUSTRALIAN AVENUE**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

STREET ADDRESS **700003213247--7**
CITY-ST-ZIP **-04/18/00--01104--012**
*****535.00 ***535.00**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **BK 4/10**
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED **Lothar Estein**

3-30-00

407-354-3307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)