

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000617**

1. Entity Name

THE GSP REAL ESTATE LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR -4 PM 6:12



Principal Place of Business

Mailing Address

OCEAN REEF CLUB
8 ANGELFISH CAY
KEY LARGO FL 33037

OCEAN REEF CLUB
8 ANGELFISH CAY
KEY LARGO FL 33037-5205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24 Dockside Lane
Box 403
Key Largo, FL
33037

4. FEI Number

65-0488496

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERSON, RENNO L ESQ.
2 N. TAMiami TRAIL, SUITE 606
SARASOTA FL 34236

Name

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

City

FL

Zip Code

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, 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.

\$1,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,000,000.00

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 #
NAME
STREET ADDRESS
CITY - ST - ZIP
**NORMAN, GAIL N
OCEAN REEF CLUB, 8 ANGELFISH CAY
KEY LARGO FL 33037**

STREET ADDRESS

500003215545-4

CITY - ST - ZIP

04/20/00 01002 015

******526.25 ****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**NORMAN, PETER D
3 WARWICK ROAD
CAMBRIDGE MA 02138**

STREET ADDRESS

56 Palmer Street

CITY - ST - ZIP

Arlington, MA 02174

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**NORMAN, SUSAN E
63 BAYVIEW ROAD
DOVER NH 03820**

STREET ADDRESS

131 4/1/1

CITY - ST - ZIP

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STREET ADDRESS
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #