

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001213**

1. Entity Name

**GDP LIMITED PARTNERSHIP**

Principal Place of Business

**2619 SW GREENWICH WAY  
PALM CITY FL 34990**

Mailing Address

**P.O. BOX 546  
PALM CITY FL 34991-0546**

2. Principal Place of Business

**23 SAILFISH DR**

Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 354650**

Suite, Apt. #, etc.

City & State

**PALM COAST, FL**

City & State

**PALM COAST, FL**

Zip  
**32137**

Country  
**USA**

Zip  
**32135**

Country  
**USA**

4. FEI Number

**65-0501627**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SCHAEFER, DAVID J**

**2619 SW GREENWICH WAY  
PALM CITY FL 34990**

7. Name and Address of New Registered Agent

Name

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

**23 SAILFISH DR**

City

**PALM COAST**

FL

Zip Code

**32137**

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

**DAVID J. SCHAEFER**

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

(NOTE: Registered Agent signature required when reinstating)

**3/10/2000**

DATE

9. Capital Contributions  
as Shown on record.

**\$1,224,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**1,224,000**

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SCHAEFER, DAVID J  
2619 SW GREENWICH WAY  
PALM CITY FL 34990**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY - ST - ZIP  
**23 SAILFISH DR  
PALM COAST, FL 32137**

STREET ADDRESS  
CITY - ST - ZIP  
**0000002192430--1  
-03/31/00--01102--014  
\*\*\*\*526.25 \*\*\*\*526.25**

STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
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:

**DAVID J. SCHAEFER, GP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/10/2000**

Date

Daytime Phone #

FILED  
00 MAR 16 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE