

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000298**

1. Entity Name

**ANGERMUELLER FAMILY LIMITED PARTNERSHIP**

FILED

01 SEP 27 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

C/O HANS ANGERMUELLER // OCEAN RIDGE MGMT.  
6849 NORTH OCEAN BLVD.  
OCEAN RIDGE FL 33435

Mailing Address

C/O HANS ANGERMUELLER // OCEAN RIDGE MGMT.  
6849 NORTH OCEAN BLVD.  
OCEAN RIDGE FL 33435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY SEPTEMBER 26, 2001**

City & State

City & State

4. FEI Number

**65-0645376**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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.

**\$1,439,953.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**1,439,953.00**

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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**ANGERMUELLER, HANS  
6849 NORTH OCEAN RIDGE BLVD.  
OCEAN RIDGE FL 33435**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**ANGERMUELLER, KATHERINE  
6849 NORTH OCEAN RIDGE BLVD.  
OCEAN RIDGE FL 33435**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

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STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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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 the report as required by Chapter 620, Florida Statutes

SIGNATURE:

*[Signature]* **SIGNATURE REQUIRED**, Gen'l Partner 9/24/01

0001391 AT

CR2E003 (5/01)

STAPLE CHECK HERE