2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A96000001758 **Entity Name** DIVISION OF CORPORATIONS THE HOEKSTRA FAMILY LIMITED PARTNERSHIP #1 00 MAR 13 AM 10: 02 Mailing Address rincipal Place of Business P.O. BOX 154 1241 KINGSLEY ST WEST CHATTAM MA 02669-0154 CLERMONT FL 34711 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0715503 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOEKSTRA, DOROTHY H Street Address (P.O. Box Number is Not Acceptable) 880 ELGIN DRIVE WINTER SPRINGS FL 32708 Zip Code City The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. 14. 14 NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE Capital Contributions \$1,305,360.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. CLIMENT# STREET ADDRESS HOEKSTRA, DOROTHY H TRUSTEE 4214 KINGSLEY STREET 880 ELGIN DRIVE REET ADDRESS CLERMONT FL 34711 CDY-ST-ZE WINTER SPRINGS FL 32708 - ST - ZIP . CLIMENT# STREET ADDRESS 4214 KINGSLEY STREET HOEKSTRA, RICHARD H TRUSTEE CLERMONT FL 34711 REET ADDRESS 880 ELGIN DRIVE CITY-ST-78 WINTER SPRINGS FL 32708 Y-ST-ZIP . Cument # STREET ADORESS LEET ADDRESS CITY-ST-ZIP Y-ST-ZIP 400003179434---03/22/00--01026--022 LIMENT # STREET ADDRESS EET ADDRESS CITY-ST-ZIP IMPNT# STREET ADDRESS EET ADDRESS CITY-ST-ZIP ST-ZIP SWENT# STREET ADDRESS ADDRESS CITY-ST-ZIP T-ZIP 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 a function (30 E HAED OF OTHY H. HOEKSTRA **GNATURE** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER