

2001 UNIFORM BUSINESS REPORT (UBR)

0013331 AF

DOCUMENT # A96000001758

1. Entity Name

THE HOEKSTRA FAMILY LIMITED PARTNERSHIP #1

Principal Place of Business

4214 KINGSLEY ST
CLERMONT FL 34711

Mailing Address

4214 KINGSLEY ST
CLERMONT FL 34711

01 JAN 12 PM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0715503

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

7. Name and Address of New Registered Agent

HOEKSTRA, DOROTHY H
880 ELGIN DRIVE
WINTER SPRINGS FL 32708

Name

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

4214 Kingsley St.

City

Clermont

FL

Zip Code

34711

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

Dorothy Hoekstra

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/01

9. Capital Contributions
as Shown on record.

\$1,305,360.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
HOEKSTRA, DOROTHY H TRUSTEE
4214 KINGSLEY STREET
CLERMONT FL 34711

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
HOEKSTRA, RICHARD H TRUSTEE
4214 KINGSLEY ST
CLERMONT FL 34711

STREET ADDRESS

CITY-ST-ZIP

600003575136--5

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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.

Dorothy Hoekstra

SIGNATURE:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/16/01

Date

352-243-3383

Daytime Phone #

CR2E003 (11/00)