

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001758

1. Entity Name

THE HOEKSTRA FAMILY LIMITED PARTNERSHIP #1

Principal Place of Business  
625 ANHINGA ROAD  
WINTERSPRINGS FL 32708

Mailing Address  
625 ANHINGA ROAD  
WINTERSPRINGS FL 32708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED

02 JAN 22 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

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

HOEKSTRA, DOROTHY H  
4214 KINGSLEY ST  
CLERMONT FL 34711

## 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.

DATE

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.

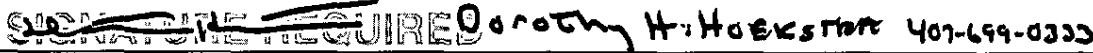
### ADDRESS CHANGES ONLY

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HOEKSTRA, DOROTHY H TRUSTEE 4214 KINGSLEY STREET CLERMONT FL 34711	STREET ADDRESS CITY-ST-ZIP	625 ANHINGA RD. WINTER SPRINGS, FL 32708
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HOEKSTRA, RICHARD H TRUSTEE 4214 KINGSLEY ST CLERMONT FL 34711	STREET ADDRESS CITY-ST-ZIP	625 ANHINGA RD Winter Springs, FL 32708
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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 this report as required by Chapter 620, Florida Statutes

1/18/02

SIGNATURE:

 REQUIRED Dorothy H. Hoekstra 407-699-0333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #