

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000074.

1. Entity Name

GROSSE POINTE ASSOCIATES, LTD.

Principal Place of Business

Mailing Address

15065 MCGREGOR BLVD., SUITE 108
FORT MYERS FL 33908

15065 MCGREGOR BLVD., SUITE 108
FORT MYERS FL 33908-1902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

APPROVED
AND
FILED

00 APR -3 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3458479

Applied For

Not Applicable

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

WINER, STEVEN I

12800 UNIVERSITY DRIVE, SUITE #600

FT MYERS FL 33907

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.

\$3,315,000.00

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 #

P97000002222

NAME
RAPENBURCH FLORIDA, INC.

STREET ADDRESS
200 LAURA STREET

CITY - ST - ZIP
JACKSONVILLE FL 32202

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

P95000089303

NAME
GROSS POINTE DEVELOPMENT COMPANY, INC.

STREET ADDRESS
15065 MCGREGOR BLVD., SUITE 108

CITY - ST - ZIP
FORT MYERS FL 33908

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

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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:

C. J. HOPPER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/31/00 941.437.500

Date Daytime Phone #