

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000175**

1. Entity Name

HOWALT LIMITED PARTNERSHIP

FILED

00 JAN 21 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**4401 GULF SHORE BLVD. NORTH, #802
NAPLES FL 34103**

Mailing Address
**4401 GULF SHORE BLVD. NORTH, #802
NAPLES FL 34103-3419**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0719432**

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**FREEDMAN, SAMUEL B
4401 GULF SHORE BLVD. NORTH, #802
NAPLES FL 34103**

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

Samuel B. Freedman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-12-2000

9. Capital Contributions
as Shown on record.

\$8,000,000.00

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 # **P97000089621**
NAME **FREEBROOK, INC.**
STREET ADDRESS **#802, 4401 GULF SHORE BLVD., NORTH**
CITY - ST - ZIP **NAPLES FL 34103**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
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STREET ADDRESS

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Samuel B. Freedman

1-12-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #