

# 2000 UNIFORM BUSINESS REPORT (1/3R)

DOCUMENT # **A97000000771**

1. Entity Name

**Haisfield Investment Partnership**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 13 AM 11:43

Principal Place of Business  
**218 Royal Palm Way  
Palm Beach, FL 33480**

Mailing Address  
**P.O. Box 2771  
Palm Beach, FL 33480**

2. Principal Place of Business  
**218 Royal Palm Way**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 2771**  
Suite, Apt. #, etc.

City & State  
**Palm Beach, FL**

City & State  
**Palm Beach, FL**

Zip  
**33480**

Country  
**USA**

Zip  
**33480**

Country  
**USA**

4. FEI Number  
**65-0747656**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**Marc Haisfield  
218 Royal Palm Way  
Palm Beach, FL 33480**

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  **Marc Haisfield V.P. of G.P.** **4/11/00**  
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 **10.00**


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 #	<b>A970000 30736</b>	STREET ADDRESS		
NAME	<b>Insight Ventures, Inc.</b>	CITY-ST-ZIP		
STREET ADDRESS	<b>218 Royal Palm Way</b>			
CITY-ST-ZIP	<b>Palm Beach, FL 33480</b>			
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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

SIGNATURE:  **Marc Haisfield, V.P. of G.P.** **3/13/00** **561-655-2829**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)