

2001 UNIFORM BUSINESS REPORT (UBR)

000622 AF

DOCUMENT # **A97000000771**

1. Entity Name

HAISFIELD INVESTMENT PARTNERSHIP, LTD.

FILED

01 APR 16 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

324 Royal Palm Way

Suite, Apt. #, etc.

Ste. 231

3. Mailing Address

Suite, Apt. #, etc.

City & State

Palm Beach, FL

City & State

4. FEI Number

65-0747656

Applied For

Not Applicable

Zip

Country

33480

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAISFIELD, MARC

**~~218 ROYAL PALM WAY~~ 324 Royal Palm Way, Ste. 231
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

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

DOCUMENT # **P97000030736**
NAME **INSIGHT VENTURES, INC.**
STREET ADDRESS **218 ROYAL PALM WAY**
CITY-ST-ZIP **PALM BEACH FL 33480**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

324 Royal Palm Way, Ste. 231

CITY-ST-ZIP

33480 FL 33480

STREET ADDRESS

05/03/01-01019-003

CITY-ST-ZIP

******141.25 ****141.25**

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Marc Haisfield, V.P. of G.P. 4/11/01 561-655-2829

Date

Daytime Phone #

CR2E003 (11/00)