

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001400

1. Entity Name

IRON HORSE FLORIDA PROPERTIES LIMITED PARTNERSHI

FILED

00 JAN 28 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

745-12TH AVENUE SOUTH, SUITE E  
NAPLES FL 34102

Mailing Address

C/O JAMES H. KABCENELL  
745-12TH AVENUE SOUTH, SUITE E  
NAPLES FL 34102-7376

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0777157

Applied For  
Not Applied For

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

KABCENELL, JAMES H  
745-12TH AVENUE SOUTH, SUITE E  
NAPLES FL 34102

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.

\$2,000.00

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 # P97000055962  
NAME IRON HORSE FLORIDA FARM LIMITED PARTNERSHI  
STREET ADDRESS 745-12TH AVENUE SOUTH, SUITE E  
CITY-ST-ZIP NAPLES FL 34102

STREET ADDRESS

CITY-ST-ZIP

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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:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/20/00

Date

9416496800

Daytime Phone #