

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000099

1. Entity Name

IRON HORSE STATION, LTD.

Principal Place of Business

1625 ROCKDALE LOOP  
HEATHROW FL 32746

Mailing Address

~~1625 ROCKDALE LOOP~~  
~~HEATHROW FL 32746 5332~~

2. Principal Place of Business

3. Mailing Address

4380 L.B. McLeod Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Orlando, FL

Zip

Country

Zip

32811

Country

4. FEI Number

59-3487111

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

THOMPSON, SCOTT C  
215 N. EOLA DRIVE  
ORLANDO FL 32801

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.

\$5,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

1,425,556

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 # P98000002061  
NAME IHS MANAGEMENT, INC.  
STREET ADDRESS 1625 ROCKDALE LOOP  
CITY - ST - ZIP HEATHROW FL 32746

STREET ADDRESS

CITY - ST - ZIP

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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

Adm - 414.99

DOCUMENT #  
NAME  
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STREET ADDRESS

CITY - ST - ZIP

AR 437.50

DOCUMENT #  
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NAME  
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CITY - ST - ZIP

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:

LOUISE A. P. R. ROSENBERG VOGEL

6-28-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 13 PM 2:54



DO NOT WRITE IN THIS SPACE

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