

# 2001 UNIFORM BUSINESS REPORT (UBR)

0000823 -AF

DOCUMENT # **A98000000408**

1. Entity Name

**OETTER ENTERPRISES, LTD.**

FILED  
01 FEB -5 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**4130 NW 16 BLVD  
GAINESVILLE FL 32605**

Mailing Address

**P.O. BOX 13955  
GAINESVILLE FL 32604**

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 14513**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**GAINESVILLE FL**

Zip

Country

Zip

**32604**

Country

**USA**

4. FEI Number

**59-3492593**

Applied For

Not Applicable

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

**OETTER, ROBERT L  
4130 NW 16 BLVD  
GAINESVILLE FL 32605**

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

*W. Peter Oetter*  
**W. PETER OETTER**

**FEB 2, 2001**

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.

**\$4,100,000.00**

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**OETTER, ROBERT L  
4130 NW 16 BLVD  
GAINESVILLE FL 32605**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**OETTER, W. PETER  
4130 NW 16 BLVD  
GAINESVILLE FL 32605**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**400003657174--9**  
**02/08/01--01019--024**  
**\*\*\*\*\*535.00 \*\*\*\*\*535.00**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*W. Peter Oetter*  
**W. PETER OETTER**

**FEB 2, 2001**

**(352) 375-2129**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)