

2002 UNIFORM BUSINESS REPORT (UBR)

0002866 AV

DOCUMENT # **A98000002396**

1. Entity Name

H. H. LANGE HOLDINGS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LR 5/31

02 MAY 17 PM 12:31



Principal Place of Business

**C/O DEAN VEGOSEN
515 NORTH FLAGLER DRIVE, 18TH FLOOR
WEST PALM BEACH FL 33401**

Mailing Address

**C/O DEAN VEGOSEN
515 NORTH FLAGLER DRIVE, 18TH FLOOR
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0878852

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

VEGOSEN, DEAN

**515 NORTH FLAGLER DRIVE, 18TH FLOOR
WEST PALM BEACH FL 33401**

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.

DATE

9. Capital Contributions

\$1,486,474.00

as Shown on record:

10. Amount of Capital Contributions

in FLORIDA to date: **1,486,474**

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 # **P98000085826**
NAME **H.H. LANGE CORPORATION**
STREET ADDRESS **515 NORTH FLAGLER DRIVE, 18TH FLOOR**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

STREET ADDRESS

CITY-ST-ZIP

900005678409--4
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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

24. Jan. 2002

**0049 171
2635990**

Date

Daytime Phone #

CR2E003 (9/01)