

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000011

1. Entity Name

RH & GH LIMITED PARTNERSHIP

Principal Place of Business

4171 S.E. ST. LUCIE BOULEVARD  
STUART FL 34997

Mailing Address

4171 S.E. ST. LUCIE BOULEVARD  
STUART FL 34997-6102

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0882166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SOPKO, JAMES ESQUIRE

~~2307 S.E. MONTEREY ROAD~~ 853 SE Monterey Commons Blvd.  
STUART FL 34996

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.

\$2,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

1,571,823

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 # P98000104846  
NAME HAAGFAM CORP.  
STREET ADDRESS 4171 S.E. ST. LUCIE BOULEVARD  
CITY - ST - ZIP STUART FL 34997

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

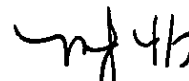
Daytime Phone #

3-24-2000 561-587-3047

APPROVED  
AND  
FILED

00 MAR 30 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA





DO NOT WRITE IN THIS SPACE

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