

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAR 29 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*ng 4/14*



DO NOT WRITE IN THIS SPACE

**DOCUMENT # A99000000859**

1. Entity Name  
**ROSBOUGH ENTERPRISES LTD.**

Principal Place of Business 7300 ROSBOUGH WAY IMMOKALEE FL 34142	Mailing Address P.O. BOX 3206 IMMOKALEE FL 34143-3206
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-3578307</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HELLINGER, ANDREW B ESQ.  
MISHAN, SLOTO, GREENBERG, HELLINGER & UDOL  
200 S. BISCAYNE BLVD., SUITE 2350  
MIAMI FL 33131**

**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. <b>\$7,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>L99000002731 ROSBOUGH FAMILY ENTERPRISES, LLC 7300 ROSBOUGH WAY IMMOKALEE FL 34142</b>
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**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	<b>400003208494--5</b>
CITY - ST - ZIP	<b>-04/14/00--01006--022 ****526.25 ****526.25</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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: *Carole Rosbough* **Carole Rosbough** **3-2400 9416572241**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)