

2002 UNIFORM BUSINESS REPORT (UBR)

0002916 AB

DOCUMENT # B93000000139

1. Entity Name

GBE ASSOCIATES LIMITED PARTNERSHIP

FILED

02 SEP 25 AM 8:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM



Principal Place of Business

**4230 ORCHARD LAKE ROAD
ORCHARD LAKE MI 48323**

Mailing Address

**4230 ORCHARD LAKE ROAD
ORCHARD LAKE MI 48323**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number **38-2898806**

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

**SCHMIER, JEFFREY L
7777 GLADES ROAD, #201
BOCA RATON FL 33434**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

\$0.00

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 # **F93000001577**
NAME **GBE, INC.**
STREET ADDRESS **4230 ORCHARD LAKE ROAD**
CITY-ST-ZIP **ORCHARD LAKE MI 48323**

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Matthew S. Lester
Matthew S. Lester

8/26/02

248-683-2500

CR2E003 (4/02)