

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B94000000182**

1. Entity Name

BETA INVESTMENTS LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 21 AM 9:17

Principal Place of Business

241 E. SAGINAW
SUITE 500
EAST LANSING MI 48823

Mailing Address

PO BOX 4010
EAST LANSING MI 48826-4010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-2812929

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ANDREWS, ROBERT
5032 BRANDYWINE WAY
STUART FL 34997

7. Name and Address of New Registered Agent

Name **Jason Pratt**

Street Address (P.O. Box Number is Not Acceptable)

129 S. Kentucky #502

City **Lakeland**

FL

Zip Code **33801**

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.

\$137,248.00

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 # **P38928**
NAME **LAKESHORE LAND COMPANY**
STREET ADDRESS **241 EAST SAGINAW, SUITE 500**
CITY - ST - ZIP **EAST LANSING MI 48823**

STREET ADDRESS

CITY - ST - ZIP

nf 2/29/00

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

100003170181-5

-03/15/00--01003--004

******150.00 ****150.00**

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STREET ADDRESS

CITY - ST - ZIP

100003170181-5

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DOCUMENT #
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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

1-20-00

(517) 336-7617

Date

Daytime Phone #

AMY A. KACZMARECZYK - SECRETARY

CR2E003 (9/99)