

2001 UNIFORM BUSINESS REPORT (UBR)

0018348 AF

DOCUMENT # B94000000510

1. Entity Name

THE DONALD E. GUNDERSON FAMILY LIMITED PARTNERSH

FILED

ng

Principal Place of Business

Mailing Address

01 FEB - 2 AM 9:31

3553 BAYARD DRIVE
CINCINNATI OH 45208

3553 BAYARD DRIVE
CINCINNATI OH 45208

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1424098

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MAINE, JEFF
400 NORTH ASHLEY, SUITE 2300
TAMPA FL 33602

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.

\$222,750.00

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 #
NAME GUNDERSON, DONALD E
STREET ADDRESS 3553 BAYARD DRIVE
CITY-ST-ZIP CINCINNATI OH 45208

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME GUNDERSON, MARY JEAN
STREET ADDRESS 3553 BAYARD DRIVE
CITY-ST-ZIP CINCINNATI OH 45208

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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:

Donald E. Gunderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/30/01

Date

(561) 229-2057

Daytime Phone #

DONALD E. GUNDERSON

CR2E003 (11/00)