

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B96000000125**

1. Entity Name

**RAMCO-GERSHENSON PROPERTIES LIMITED PARTNERSHIP**

FILED

00 ~~00~~ 3 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 27600 NORTHWESTERN HIGHWAY, SUITE 200 SOUTHFIELD MI 48034	Mailing Address 27600 NORTHWESTERN HIGHWAY, SUITE 200 SOUTHFIELD MI 48034-8466
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-3212115**

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

**HOMISCO INCORPORATION, INC.**  
**222 LAKEVIEW AVENUE, SUITE 800**  
**WEST PALM BEACH FL 33401**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$13,603,665.00**

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 #	<b>D97000000035</b>
NAME	<b>RAMCO-GERSHENSON PROPERTIES TRUST</b>
STREET ADDRESS	<b>27600 NORTHWESTERN HIGHWAY, STE 200</b>
CITY - ST - ZIP	<b>SOUTHFIELD MI 48034</b>

STREET ADDRESS	
CITY - ST - ZIP	<b>500003300215--0</b> <b>-06/21/00--0117--015</b>
STREET ADDRESS	<b>****526.25 ****526.25</b>
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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

**DENNIS GERSHENSON**

426-00

248-350-9900

Date

Daytime Phone #

CR2E003 (9/7/19)