

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000818

1. Entity Name  
BOUGAINVILLE F-2, L.C.

FILED  
- SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Principal Place of Business  
4627 BOUGAINVILLE DR. UNIT F-2  
LAUDERDALE BY THE SEA FL 33308

Mailing Address  
4627 BOUGAINVILLE DR. UNIT F-2  
LAUDERDALE BY THE SEA FL 33308-3625

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3/27



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

65-0837961

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEHBAUER, KARL H  
4627 BOUGAINVILLE DR, UNIT F-2  
LAUDERDALE BY THE SEA FL 33308

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
GEHBAUER, KARL H  
4627 BOUGAINVILLE DR, UNIT F-2  
LAUDERDALE BY THE SEA FL 33308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
500003189055--6  
-03/30/00--01003--011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
GEHBAUER, KARIN  
4627 BOUGAINVILLE DR, UNIT F-2  
LAUDERDALE BY THE SEA FL 33308 ☐ Delete

TITLE  
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CITY- ST- ZIP  
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

(954) 938 8608

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

17-03-2000