

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000818

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0837961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00-Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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
MGRM
GEHBAUER, KARIN
4627 BOUGAINVILLE DR, UNIT F-2
LAUDERDALE BY THE SEA FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000003624040--6
-02/02/01--01030--003
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01-24-2001

Date

954-938-8608

Daytime Phone #

FILED

01 JAN 29 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)