

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L98000002811

1. Entity Name
FOELSKE INVESTMENTS, L.C.

FILED

00 JAN 12 AM 8:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**525 ONE CENTER BOULEVARD
ALTAMONTE SPRINGS FL 32701**

Mailing Address
**525 ONE CENTER BOULEVARD
ALTAMONTE SPRINGS FL 32701-2201**



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

59-3559066 APPLIED FOR

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

**GARRIS, CHARLES E
817 BEACHLAND BOULEVARD
VERO BEACH FL 32963**

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 Delete
MGR TUERPE, FRED R
STREET ADDRESS **525 ONE CENTER BOULEVARD**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE NAME Change Addition
200003103702--9
-01/20/00--01014--001
*******50.00 *****50.00**

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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TITLE NAME Change Addition

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TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME 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:

FRED R. TUERPE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/7/2000
Date

(407) 331-3131
Daytime Phone #

CR2E083 (9/99)