

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A19360**

1. Entity Name

ONE MEMORIAL CENTER ASSOCIATES - PHASE II, LTD.

FILED

00 MAR 22 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business LUCIEN R. FOUKE, JR. 955 EXECUTIVE PARKWAY, STE. 220 ST. LOUIS MO 63141	Mailing Address LUCIEN R. FOUKE, JR. 955 EXECUTIVE PARKWAY, STE. 220 ST. LOUIS MO 63141-6357
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number 43-1361898	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCLEAN, WILLIAM C 707 FLORIDA AVE. TAMPA FL 33602

7. Name and Address of New Registered Agent Name - Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

9. Capital Contributions as Shown on record. \$200.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT #	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
DOCUMENT #	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
DOCUMENT #	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
DOCUMENT #	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
DOCUMENT #	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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: LUCIEN R. FOUKE, JR.	3. 14. 2000	314.434.4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

314.434.4800

CR2E003 (9/99)