

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A19360**

1. Entity Name

ONE MEMORIAL CENTER ASSOCIATES - PHASE II, LTD.

FILED

Principal Place of Business

Mailing Address

LUCIEN R. FOUKE, JR.
955 EXECUTIVE PARKWAY, STE. 220
ST. LOUIS MO 63141

LUCIEN R. FOUKE, JR.
955 EXECUTIVE PARKWAY, STE. 220
ST. LOUIS MO 63141

01 APR 10 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

43-1361898

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

MCLEAN, WILLIAM C % GRAY, HARRIS, ROBINSON
707 FLORIDA AVE.
TAMPA FL 33602
SUITE 1400
501 E. Kennedy
TAMPA, FL 33602

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

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

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
LUCIEN R FOUKE JR REVOCABLE TRUST 11/17/9
66 BRIARCLIFF
ST. LOUIS MO

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
COLLIER, VICTOR M JR.
16331 Valley Oaks Est. Ct.
17998 CHESTERFIELD AIRPORT ROAD, #210
CHESTERFIELD MO 63005
Wildwood MO 63005

STREET ADDRESS
CITY-ST-ZIP
16331 VALLEY OAKS EST. CT.
WILLOWOOD, MO 63005

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
000004014600--3
-04/18/01--01008--023
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DOCUMENT #
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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.

3-15-2001 4314800