

2001 UNIFORM BUSINESS REPORT (UBR)

0014369 AF

DOCUMENT # **A27501**

1. Entity Name

G & P LIMITED PARTNERSHIP, AN ILLINOIS LIMITED P

FILED
01 APR 16 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

nf

Principal Place of Business

**133 S. HARBOR DRIVE
VENICE FL 34285**

Mailing Address

**133 S. HARBOR DRIVE
VENICE FL 34285**



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

59-2769968

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

**PEACOCK, THOMAS J JR CPA
133 S. HARBOR DRIVE
VENICE FL 34285**

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

Thomas J Peacock Jr

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.

\$200,000.00

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

**BURKET, VIRGINIA C.
11045 ASHBROOK LANE
INDIANHEAD PARK IL 60525**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**700004082267--1
-04/26/01--01103--013**

DOCUMENT #
NAME

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

******526.25 ****526.25**

DOCUMENT #
NAME

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME

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:

Virginia C. Burkett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-11-01

CR2E003 (11/00)