

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000913

1. Entity Name
CENTURION INVESTORS LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
RECEIVED

00 MAR 13 AM 9:24

Principal Place of Business
2611B WEST 23RD STREET
PANAMA CITY FL 32405

Mailing Address
2611B WEST 23RD STREET
PANAMA CITY FL 32405-2309



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3128030

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
LEININGER, KRISTINE
2611-B WEST 23RD STREET
PANAMA CITY FL 32405

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

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. \$74.00

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.

2. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	LEININGER, KRISTINE 1612 CHADWICK WAY TALLAHASSEE FL 32312	STREET ADDRESS CITY - ST - ZIP	4305 Riverchase Chase Tallahassee, FL 32308
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	nf 3/21/00
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CR2E003 (9/99)

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: *Kristine Leinger* **2/5/00** **850-410-4489**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
KRISTINE LEINGER

Date Daytime Phone #