

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001804**

1. Entity Name

**1994 VICTORIA SQUARE LIMITED PARTNERSHIP**

Principal Place of Business  
**6660 S. SHERIDAN SUITE 260  
TULSA OK 74133-1209**

Mailing Address  
**6660 S. SHERIDAN SUITE 260  
TULSA OK 74133-1209**

APPROVED  
AND  
FILED

02 MAR -8 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2002**

4. FEI Number  
**59-3284000**

Applied For  
Not Applicable

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

**LATHAM, TOBIAS B JR.  
565 KINGSLEY AVENUE  
ORANGE PARK FL 32075**

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.

DATE

9. Capital Contributions  
as Shown on record. **\$950,000.00**

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 # **F94000006439**  
NAME **GBR PROPERTIES, INC.**  
STREET ADDRESS **6660 S. SHERIDAN SUITE 260**  
CITY-ST-ZIP **TULSA OK 74133-1209**

STREET ADDRESS

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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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3-502 918-493-2025**

Date

Daytime Phone #

0020170 AB

CR2E003 (9/01)

STAPLE CHECK HERE