

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001248**

1. Entity Name

**CENTRES GROUP EAGAN LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 28 PM 12:06



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2 DATRAN CENTER, #1528  
9130 S. DADELAND BLVD.  
MIAMI FL 33156

Mailing Address  
% CENTRES, INC.  
3315 NORTH 124TH STREET, SUITE E  
BROOKFIELD WI 53005-3105

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

3. Mailing Address  
c/o Centres, Inc.  
Two Datan Center, Suite 1528  
City & State  
9130 S. Dadeland Blvd. Miami, FL  
Zip  
33156  
Country  
USA

4. FEI Number 39-1908120  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**CENTRES GROUP EAGAN GP INC.**  
2 DATRAN CENTER, #1528  
9130 S. DADELAND BLVD.  
MIAMI FL 33156

## 7. Name and Address of New Registered Agent

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. \$5,000.00

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

DOCUMENT #	P97000049349
NAME	CENTRES GROUP EAGAN GP, INC.
STREET ADDRESS	%CENTRES, INC., 3315 NORTH 124TH ST., #E
CITY - ST - ZIP	BROOKFIELD WI 53005

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	900003272199-6 -05/31/00--01063-013 ****141.25 ****141.25

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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**

*Michelle M. Dennis, Vice President*

3/10/00 262-781-8760  
Date Daytime Phone #