

2001. UNIFORM BUSINESS REPORT (UBR)

001418 AF

DOCUMENT # **A98000001003**

1. Entity Name

KENT'SINGTON LIMITED

FILED

01 MAR 16 AM 11:56

Principal Place of Business

**2033 MAIN STREET, SUITE 600
SARASOTA FL 34237**

Mailing Address

**2033 MAIN STREET, SUITE 600
SARASOTA FL 34237**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0835696

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

**PFLUGNER, J. GEOFFREY ESQ.
2033 MAIN STREET, SUITE 101
SARASOTA FL 34237**

Name

JANA HAMILTON

Street Address (P.O. Box Number is Not Acceptable)

2201 CANTU CT #118

City

SARASOTA

FL

Zip Code

34232

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]
Signature, typed or printed name of registered agent and title if applicable.

JANA HAMILTON
(NOTE: Registered Agent signature required when reinstating)

2/23/01
DATE

9. Capital Contributions
as Shown on record.

\$725,000.00

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 # **P98000036859**
NAME **MG COLORADO CO.**
STREET ADDRESS **2033 MAIN STREET, SUITE 101**
CITY-ST-ZIP **SARASOTA FL 34237**

STREET ADDRESS **2033 Main Street, Suite 600**
CITY-ST-ZIP **400003889094--9**
STREET ADDRESS **-03/20/01--01112--001**
CITY-ST-ZIP ******526.25 ****526.25**

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Michael Kent

2/7/01

Date

941-378-7000

Daytime Phone #

CR2E003 (11/00)