

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002018**

1. Entity Name

**CI GALAX LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 28 PM 12:06

Principal Place of Business

**TWO DATRAN CENTER, SUITE 1528  
9130 SOUTH DADELAND BOULEVARD  
MIAMI FL 33156**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**2 Datan Center, Suite 1528**

City & State

City & State

**9130 S. Dadeland Blvd. Miami, FL**

Zip

Country

Zip

Country

**33156**

**USA**

4. FEI Number

**39-1940022**

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

**CENTRES GALAX GP, INC.  
TWO DATRAN CENTER, SUITE 1528  
9130 SOUTH DADELAND BOULEVARD  
MIAMI FL 33156**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000073769**  
NAME **CENTRES GALAX GP, INC.**  
STREET ADDRESS **3315 NORTH 124TH ST., SUITE E**  
CITY - ST - ZIP **BROOKFIELD WI 53005**

STREET ADDRESS

CITY - ST - ZIP

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**000003268538-2**  
**-05/26/00--01074--019**  
**\*\*\*\*141.25 \*\*\*\*141.25**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**By: Centres Galax GP, INC.**  
**SIGNATURE REQUIRED**  
**Marjelle M. Nennis, Vice President**

**3/30/00**

**262/781-8760**

CR2E003 (9/99)