

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 08:00 AM  
Secretary of State

DOCUMENT # A99000001552

1. Entity Name

KILGORE CENTRES LIMITED PARTNERSHIP

Principal Place of Business

9130 SOUTH DADELAND BLVD

MIAMI  
33156

FL

Mailing Address

C/O CENTRES, INC., TWO DATRAN CENTER #1528

9130 S. DADELAND BLVD.

MIAMI  
33156

FL

2. Principal Place of Business

C/O CENTRES INC.

Suite, Apt. #, etc.

9130 S. DADELAND BLVD., #1528

City & State

MIAMI

FL

3. Mailing Address

C/O CENTRES INC.

Suite, Apt. #, etc.

9130 S. DADELAND BLVD., #1528

City & State

MIAMI

FL

Zip

33156

Country

Zip

33156

Country

4. FEI Number

39-1974265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KILGORE CENTRES GP, INC.

9130 SOUTH DADELAND BLVD

MIAMI

33156

US

FL

7. Name and Address of New Registered Agent

Name

KILGORE CENTRES GP, INC.

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

9130 SOUTH DADELAND BLVD

SUITE 1528

City

MIAMI

FL

Zip Code

33156

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)

04/26/2001

DATE

9. Capital Contributions

as Shown on record. 5,000.00

10. Amount of Capital Contributions

in FLORIDA to date. 5,000.00

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 #  
NAME KILGORE CENTRES GP INC  
STREET ADDRESS 3315 NORTH 124TH STREET, STE E  
CITY-ST-ZIP BROOKFIELD WI

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 9130 S. DADELAND BLVD., #1528

CITY-ST-ZIP MIAMI FL 33156

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

DAVID K. CHARLTON

SVST

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)