

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A99000001630**

1. Entity Name  
**CENTRES CLOVIS LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

*mf*



Principal Place of Business  
TWO DATRAN CENTER, STE 1528  
9130 SOUTH DADELAND BLVD  
MIAMI FL 33156

Mailing Address  
TWO DATRAN CENTER, STE 1528  
9130 SOUTH DADELAND BLVD  
MIAMI FL 33156-7818

2. Principal Place of Business  
100 Congress Ave.  
Suite, Apt. #, etc.  
Suite 740

3. Mailing Address  
P. O. Box 684807  
Suite, Apt. #, etc.

City & State  
Austin, Texas

City & State  
Austin, Texas

Zip Country  
78701 USA

Zip Country  
78768 USA

4. FEI Number  
39-1975602

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  
CENTRES CLOVIS GP, INC.  
9130 SOUTH DADELAND BLVD, STE 1528  
MIAMI FL 33156

7. Name and Address of New Registered Agent  
Name  
CORPORATION SERVICE COMPANY  
Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street  
City Tallahassee FL Zip Code 32301

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 *Patricia Pizuto* *Patricia Pizuto as agent*  
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 # NAME STREET ADDRESS CITY - ST - ZIP	P99000087637 CENTRES CLOVIS GP INC 3315 NORTH 124TH STREET, STE E BROOKFIELD WI	STREET ADDRESS CITY - ST - ZIP	100 Congress Ave., Suite 740 Austin, Texas 78701
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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  
Date  
Daytime Phone #

UBR-500

CR2E003 (9/99)