

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B94000000125**

1. Entity Name

GULF STREAM, L.P., A MISSOURI LIMITED PARTNERSHI

FILED

01 OCT -5 PM 12:17

Principal Place of Business

**1935 SOUTH CAMPBELL
SPRINGFIELD MO 65898**

Mailing Address

**2500 E. KEARNEY
SPRINGFIELD MO 65898**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 26, 2001

4. FEI Number

43-1680284

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

**ALBRITTON, LAWRENCE E
2975 OVERSEAS HIGHWAY
MARATHON FL 33050**

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.

\$7,970,624.98

10. Amount of Capital Contributions
in FLORIDA to date.

#10,747,994.42

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 # **F94000001738**
NAME **RICHARD SHAW COMPANY**
STREET ADDRESS **1935 SOUTH CAMPBELL**
CITY-ST-ZIP **SPRINGFIELD MO 65898**

STREET ADDRESS

CITY-ST-ZIP

300004573543--5

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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*****2276.25 ****526.25**

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STREET ADDRESS

CITY-ST-ZIP

FF \$926.25

DOCUMENT #
NAME
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

TONI M. MILLER

8/28/01

(417)873-5000

Date

Daytime Phone #

CR2E003 (5/01)