

2002 UNIFORM BUSINESS REPORT (UBR)

0020065 AB

DOCUMENT # - B94000000125

1. Entity Name

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

FILED

02 APR 17 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1935 SOUTH CAMPBELL
SPRINGFIELD MO 65898

Mailing Address

2500 E. KEARNEY
SPRINGFIELD MO 65898

2. Principal Place of Business

2500 E. Kearney

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Springfield MO

City & State

4. FEI Number

43-1680284

Applied For

Not Applicable

Zip

65898

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBRITTON, LAWRENCE E
2975 OVERSEAS HIGHWAY
MARATHON FL 33050

7. Name and Address of New Registered Agent

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.

DATE

9. Capital Contributions as Shown on record.

14,808,475.20

10. Amount of Capital Contributions in FLORIDA to date.

14,808,475.20

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

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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CITY-ST-ZIP

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04/19/02 01035 006
2276.25 *526.25

FP \$526.25

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

TONI M. MILLER

4/6/02

(417) 873-5000

Date

Daytime Phone #

CR2E003 (9/01)