

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016143 AF

DOCUMENT # B95000000189

1. Entity Name

CANTONMENT PARTNERS, LTD.

Principal Place of Business

250 WASHINGTON STREET  
PRATTVILLE AL 36067

Mailing Address

POST OFFICE BOX 680176  
PRATTVILLE AL 36068

FILED  
01 FEB 13 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 680176

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-1145941

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

KIEHN, ROLAND W  
220 MCKENZIE AVE.  
PANAMA CITY FL 32401

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.

\$1,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$1,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # F97000004955  
NAME N.O.M. PROPERTIES, INC.  
STREET ADDRESS 250 WASHINGTON STREET  
CITY-ST-ZIP PRATTVILLE AL 36067

STREET ADDRESS

CITY-ST-ZIP

4000003708534--3  
-02/16/01--01147--022  
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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: X

THOMAS E. NEWTON, President

Date

1/29/01

Daytime Phone #

334/361-8500

CR2E003 (11/00)