

2000 UNIFORM BUSINESS REPORT (UBR)

0018904 A1

DOCUMENT # B95000000425

1. Entity Name
ROYAL GAINESVILLE LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 25 AM 3:05

Principal Place of Business
**1605 S. STATE STREET, SUITE 112
CHAMPAIGN IL 61820**

Mailing Address
**201 W. SPRINGFIELD, SUITE 601
CHAMPAIGN IL 61820-4844**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
1605 S. State St.
Suite, Apt. #, etc.
Suite #112
City & State
Champaign IL
Zip Country
61820

4. FEI Number **37-1348470** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**THRASHER, ELWIN III
908 N. GADSDEN STREET
TALL. FL 32303**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,937,000.00**

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	G95332900001 GAINESVILLE PARTNERS 1605 S. STATE ST. SUITE 112 CHAMPAIGN IL 61820	STREET ADDRESS CITY - ST - ZIP	400003258734--3 -05/19/00--01014--010 ****526.25 ****526.25
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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: *ERIC S. Worner* **SIGNATURE REQUIRED** *4/17/2003*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)