

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B96000000182

1. Entity Name

PREMIERE PARTNERS III LIMITED PARTNERSHIP

Principal Place of Business

2407 S. NEIL STREET  
CHAMPAIGN IL 61820

Mailing Address

2407 S. NEIL STREET  
CHAMPAIGN IL 61820-7721

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-6945944

Applied For

Not Applicable

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

\$55,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

52,000,000

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 # M83776  
NAME WESTCHESTER GROUP, INC.  
STREET ADDRESS 2407 S. NEIL STREET  
CITY - ST - ZIP CHAMPAIGN IL 61820

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # P17098  
NAME COZAD ASSET MANAGEMENT, INC.  
STREET ADDRESS 2500 GALEN DRIVE  
CITY - ST - ZIP CHAMPAIGN IL 61821

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Scott T. Meacham, Secretary 3/20/00

Cozad Asset Mgmt. Inc.

Date

217-356-8363

Daytime Phone #

APPROVED  
AND  
FILED

00 MAR 29 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CP2E003 (9/99)