

# 2000 UNIFORM BUSINESS REPORT (UBR)

0017794 AF

**DOCUMENT # B97000000310**

1. Entity Name  
**SHOTTENKIRK PARTNERSHIP, L.P.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 19 AM 11:43

Principal Place of Business  
**5600 PENSACOLA BLVD.  
PENSACOLA FL 32505**

Mailing Address  
**5600 PENSACOLA BLVD.  
PENSACOLA FL 32505-2546**



2. Principal Place of Business  
**619 TENTH STREET**

3. Mailing Address  
**619 TENTH STREET**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**FORT MADISON, IA**

City & State  
**FORT MADISON, IA**

Zip  
**52627**

Country  
**USA**

Zip  
**52627**

Country  
**USA**

4. FEI Number  
**39-1893513**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**SHOTTENKIRK, GREGORY J  
3729 CEYLON DRIVE  
GULF BREEZE FL 32561**

7. Name and Address of New Registered Agent

Name  
**RICHARD M. COLBERT**

Street Address (P.O. Box Number is Not Acceptable)  
**ONE PENSACOLA PLAZA, SUITE 800**

**125 W. ROMANA STREET**

City  
**PENSACOLA**

FL

Zip Code  
**32591**

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 **4-17-00**

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. **\$20,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **750.00**

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 # <b>F97000003221</b>	<b>SHOTTENKIRK PROPERTIES, INC. 619 TENTH STREET FORT MADISON IA 52627</b>	STREET ADDRESS	<b>600003243126--8</b>
NAME		CITY - ST - ZIP	<b>-05/08/00--01120--022</b>
STREET ADDRESS			<b>****141.25 ****141.25</b>
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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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: **Gregory J. Shottenkirk** **4-11-00** **(319) 372-6880**

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

CP2E003 (9/99)