

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015886 AF

DOCUMENT # B97000000627

1. Entity Name

MID-AMERICA CAPITAL PARTNERS, L.P.

FILED

01 APR 24 PM 5:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

% THE CORPORATION TRUST  
1209 ORANGE STREET  
WILMINGTON DE 19801

Mailing Address

% THE CORPORATION TRUST  
1209 ORANGE STREET  
WILMINGTON DE 19801

2. Principal Place of Business

3. Mailing Address

6584 Poplar Ave  
Suite, Apt. #, etc.  
Suite 340

Suite, Apt. #, etc.

City & State

City & State  
Memphis, TN

4. FEI Number

62-1717980 ✓

Applied For

Not Applicable

Zip

Country

Zip

38138

Country

USA

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.

\$37,118,631.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$37,118,631

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 # F97000006119  
NAME MAACP, INC.  
STREET ADDRESS C/O 1209 ORANGE STREET  
CITY - ST - ZIP WILMINGTON DE 19801

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
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CITY - ST - ZIP

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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 and Typed or Printed Name of Signing General Partner: Christine Leslie Brathen-Centrell Wolfgang 4-20-01 (901) 682-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)