

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000674

1. Entity Name

MILLIKEN LIMITED PARTNERSHIP

Principal Place of Business

298 CONRAD RD  
NILES MI 49120

Mailing Address

298 CONRAD ROAD  
NILES MI 49120-9734

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

298 Conrad rd

Suite, Apt. #, etc.

3. Mailing Address

298 Conrad rd

Suite, Apt. #, etc.

City & State

Niles Mi

City & State

Niles Mi

4. FEI Number

38-3313891

Applied For

Not Applicable

Zip

49120

Country

USA

Zip

49120

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COSTELLO, TRUMAN J ESQ.  
C/O COSTELLO, SIMS & ROYSTON  
12670 NEW BRITTANY BLVD., SUITE 101  
FORT MYERS FL 33907

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

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.

\$775,000.00

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MILLIKEN, R. WAYNE  
298 CONRAD ROAD  
NILES MI 49120

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MILLIKEN, MARJORIE H  
298 CONRAD ROAD  
NILES MI 49120

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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:

Wayne Milliken  
SIGNATURE REQUIRED  
WAYNE MILLIKEN

4/18/00 616663 2983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #