

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000708

1. Entity Name

GORDON PROPERTY COMPANY XIX, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

NO APR 28 AM 3:05

[Handwritten Signature]

Principal Place of Business

3315 WOODLAWN APARTMENT 7
P.O. BOX 1030
O'FALLON MO 63366

Mailing Address

23123 S. STATE ROAD 7, SUITE 301
BOCA RATON FL 33428-5407



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 43-1834720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORDON, JAMES N

23123 S. STATE ROAD 7, SUITE 301
BOCA RATON FL

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.

\$9,900.00

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 GORDON, JAMES N
STREET ADDRESS 23123 S. STATE ROAD 7, SUITE 301
CITY - ST - ZIP BOCA RATON FL

STREET ADDRESS

CITY - ST - ZIP

3000003266733-6

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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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

561471

CR2E003 (9/99)