

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000242

1. Entity Name

NAVARRO LOWREY, L.P. - CENTREPARK PLAZA I PARTNE
RS SERIES

Principal Place of Business

P.O. BOX 18223
AVON CO 81620

Mailing Address

P.O. BOX 18223
AVON CO 81620

APPROVED
AND
FILED

02 APR 30 PM 6:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

521 E Morehead Street

3. Mailing Address

521 E Morehead Street

Suite, Apt. #, etc.

Suite 540

Suite, Apt. #, etc.

Suite 540

City & State

Charlotte NC

City & State

Charlotte NC

Zip

28202

Country

USA

Zip

28202

Country

USA

DUE BY MAY 1, 2002

4. FEI Number

84-1459082

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, LARRY B

505 SOUTH FLAGLER DRIVE, SUITE 1100

WEST PALM BEACH FL 33401

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.

DATE

9. Capital Contributions
as Shown on record.

\$1,000,000.00

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 # F99000003225
NAME NAVARRO LOWREY, INC.
STREET ADDRESS P.O. BOX 18223
CITY-ST-ZIP AVON CO 81620

13. ADDRESS CHANGES ONLY

STREET ADDRESS 521 E. Morehead Street Ste. 540
CITY-ST-ZIP Charlotte NC 28202

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CR2E003 (9/01)

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 OF REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FRANK E. NAVARRO

4/25/02

(704) 372-0475