

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B99000000243**

1. Entity Name

NAVARRO LOWREY, L.P. - CENTRE PARK CORPORATE CENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 APR 18 AM 11:43

Principal Place of Business

P.O. BOX 18223  
AVON CT 81620

Mailing Address

P.O. BOX 18223  
AVON CT 81620

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

84-1459082

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$1,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

250,000

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 CT 81620

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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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

600003237706--5  
-05/03/00--01107--014  
\*\*\*\*526.25 \*\*\*\*526.25

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

Daytime Phone #

4/11/00

970 945-9008

CR2E003 (9/99)