

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087637

1. Entity Name

CENTRES CLOVIS GP, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90251 026 \*\*\*150.00

Principal Place of Business C/O CENTRES, INC. 3315 NORTH 124TH STREET SUITE E BROOKFIELD WI 53005	Mailing Address C/O CENTRES, INC. 3315 NORTH 124TH STREET SUITE E BROOKFIELD WI 53005-3105
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2. Principal Place of Business 100 Congress Ave Suite, Apt. #, etc. Suite 740	3. Mailing Address P.O. Box 684807 Suite, Apt. #, etc.
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City & State Austin, Texas	City & State Austin, Texas
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Zip 78701	Country USA	Zip 78768	Country USA
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4. FEI Number 39-1975598	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SHEVIN, ARNOLD D  
TWO DATRAN CENTER, SUITE 1528  
9130 SOUTH DADELAND BLVD.  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name  
CORPORATION SERVICE COMPANY  
Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City Tallahassee FL Zip Code 32301

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 Patricia Pizzuto Patricia Pizzuto as agent  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARL, KENNETH B 9130 S. DADELAND BLVD. SUITE 1528 BROOKFIELD WI 53005 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director and President David M. Currey 100 Congress Ave. #740 Austin, Texas 78701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Marc Currey 100 Congress Ave. #740 Austin, Texas 78701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00

Date

(512) 472-5856

Daytime Phone #

CR2E014 (9/93)