

2002 UNIFORM BUSINESS REPORT (UBR)

0014685
AT

DOCUMENT # A98000002020
1. Entity Name
 FOUNTAIN COURT, LTD.

FILED
 02 APR 11 PM 12:
 SECRETARY OF ST/
 TALLAHASSEE, FLO

Principal Place of Business **Mailing Address**
 2159 ANDREA LANE, D-4 2159 ANDREA LANE, D-4
 FORT MYERS FL 33912 FORT MYERS FL 33912



2. Principal Place of Business **3. Mailing Address**
 8250 College Pkwy 8250 College Pkwy
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 #201 #201

DUE BY MAY 1, 2002

City & State **City & State**
 Fort Myers FL Fort Myers FL
Zip **Country** **Zip** **Country**
 USA USA

4. FEI Number **Applied For**
 65-0865874 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 LEVAN, TERRIS T
 2159 ANDREA LANE, D-4
 FORT MYERS FL 33912

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
 8250 College Pkwy #201
City **FL** **Zip Code**
 Fort Myers 33919

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$937,530.00**

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 #	P98000088761
NAME	FCP OF SOUTH FLORIDA, INC.
STREET ADDRESS	2159 ANDREA LANE, D-4
CITY-ST-ZIP	FORT MYERS FL 33912
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	8250 College Pkwy #201
CITY-ST-ZIP	Fort Myers, FL 33919
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200005273202--9
CITY-ST-ZIP	-04/15/02--01091--015 ****526.25 ****526.25
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: *[Signature]* **SIGNATURE RECEIVED:** LEVAN **Date** 4/8/02 **Daytime Phone #** 941-482-4550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)