

2002 UNIFORM BUSINESS REPORT (UBR)

0014694 AT

DOCUMENT # A98000002034

1. Entity Name
SOUTH FOUNTAIN COURT, LTD.

FILED
02 APR 11 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Mailing Address: **2159 ANDREA LANE, D-4 FORT MYERS FL 33912**

2. Principal Place of Business: **8250 College Pkwy**

3. Mailing Address: **8250 College Pkwy**

Suite, Apt. #, etc.: **#201**

City & State: **Ft. Myers, FL**

City & State: **Ft. Myers, FL**

Zip: **33919** Country: **USA**

Zip: **33919** Country: **USA**

DUE BY MAY 1, 2002

4. FEI Number: **65-0865872**

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: **Ft. Myers** State: **FL** Zip Code: **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: **\$8,000.00**

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 #	P98000068761
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	Ft. Myers FL 33919
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	100005271701--3
CITY-ST-ZIP	-04/15/02--01023--012
STREET ADDRESS	****144.75 ****144.75
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 REQUIRED** *President of FCP of South Florida, Inc., G.P.* **LEVAN** **4/5/02** **941-482-4580**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CFR2E003 (9/01)