

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

000718  
AT

DOCUMENT # **A01000001536**

1. Entity Name

**FCLC PARTNERS 20, LTD.**

02 APR -3 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW FL 32746</b>	Mailing Address <b>300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW FL 32746</b>
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2. Principal Place of Business	3. Mailing Address	<b>DUE BY MAY 1, 2002</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>74-3027189</b>	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CHRISTY, KATHERINE A</b> <b>300 INTERNATIONAL PARKWAY, SUITE 130</b> <b>HEATHROW FL 32746</b>		Name <b>Selby, C. Thomas</b> Street Address (P.O. Box Number is Not Acceptable) <b>300 International Parkway</b> <b>Suite 130</b> City <b>Heathrow</b> FL <b>32746</b>	

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 **C. Thomas Selby, President** 3-21-02  
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. <b>\$100.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P01000110620</b> <b>FCLC 20, INC.</b> <b>300 INTERNATIONAL PARKWAY, SUITE 130</b> <b>HEATHROW FL 32746</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<b>300005235133--2</b> <b>-04/10/02--01036--016</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	<b>***141.25 ***141.25</b>
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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: **C. Thomas Selby** 3-21-02 407-333-1604  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)