

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A07839

1. Entity Name

BOOTH LIMITED

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG -1 PM 1:25

Principal Place of Business

11555 DARNESTOWN RD.  
GAITHERSBURG MD 20878

Mailing Address

11555 DARNESTOWN RD.  
GAITHERSBURG MD 20878

2. Principal Place of Business

333 NORTH SUMMIT STREET

Suite, Apt. #, etc.

3. Mailing Address

333 NORTH SUMMIT STREET

Suite, Apt. #, etc.

City & State

TOLEDO, OH

City & State

TOLEDO, OH

4. FEI Number

37-1080797

Applied For

Not Applicable

Zip

43604

Country

USA

Zip

43604

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

\$460,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$460,000.00

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 # 843719  
NAME JACKSONVILLE HEALTHCARE  
STREET ADDRESS 11555 DARNESTOWN RD.  
CITY - ST - ZIP GAITHERSBURG MD 20878

DOCUMENT #  
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STREET ADDRESS  
CITY - ST - ZIP

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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 333 N. SUMMIT STREET

CITY - ST - ZIP TOLEDO, OH 43604

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

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR25003 (9/00)