

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A12744**

1. Entity Name

CHARLES STREET ASSOCIATES LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

Principal Place of Business

**430 PARK PLACE BLVD., SUITE 600
CLEARWATER FL 33759**

Mailing Address

**430 PARK PLACE BLVD., SUITE 600
CLEARWATER FL 33759-3926**

2. Principal Place of Business

**311 Park Place Blvd.
Suite, Apt. #, etc.
Suite 225**

3. Mailing Address

**311 Park Place Blvd.
Suite, Apt. #, etc.
Suite 225**

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-2276678

Applied For

Not Applicable

Zip
33759

Country
USA

Zip
33759

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PIAZZA, JOHN J
430 PARK PLACE BLVD., SUITE 600
CLEARWATER FL 33759**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

311 Park Place Blvd.

Suite 225

City

Clearwater,

FL

Zip Code

33759

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.

\$25,000.00

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 # **P93000088793**
NAME **ADULT CARE MANAGEMENT CORPORATION**
STREET ADDRESS **311 PARK PLACE BLVD., SUITE 225**
CITY - ST - ZIP **CLEARWATER FL 34619**

DOCUMENT # **PIAZZA, ROSEMARY E**
NAME **430 PARK PLACE BLVD., SUITE 600**
STREET ADDRESS **CLEARWATER FL 33759**
CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

Clearwater, FL 33759

STREET ADDRESS

CITY - ST - ZIP

311 Park Place Blvd., Suite 225

Clearwater, FL 33579

STREET ADDRESS

CITY - ST - ZIP

100003236081 - 9

-05/03/00--01013--008

******263.75 ****263.75**

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 629, Florida Statutes.

SIGNATURE: **Rita A. Lombardi, Sec. of General Partner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/28/00 (727) 726-2341

CR2E003 (9/99)