

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0014008  
AT

DOCUMENT # **A12744**

1. Entity Name

**CHARLES STREET ASSOCIATES LIMITED PARTNERSHIP**

02 APR 22 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**311 PARK PLACE BLVD., SUITE 225  
CLEARWATER FL 33759**

Mailing Address

**311 PARK PLACE BLVD., SUITE 225  
CLEARWATER FL 33759**



2. Principal Place of Business

**13777 Belcher Road**

3. Mailing Address

**13777 Belcher Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

**Largo, FL**

City & State

**Largo, FL**

4. FEI Number

**59-2276678**

Applied For

Not Applicable

Zip

Country

**33771**

**US**

Zip

Country

**33771**

**US**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIAZZA, JOHN J**

**311 PARK PLACE BLVD., SUITE 225  
CLEARWATER FL 33759**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**13777 BELCHER ROAD**

City  
**LARGO**

**FL**

Zip Code  
**33771**

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

*John J. Piazza, President of Charles Street Associates Limited Partnership*

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS **13777 Belcher Road**  
CITY-ST-ZIP **Largo, FL 33771**

DOCUMENT # **PIAZZA, ROSEMARY E**  
NAME **311 PARK PLACE BLVD., SUITE 225**  
STREET ADDRESS **CLEARWATER FL 33759**  
CITY-ST-ZIP

STREET ADDRESS **Belcher Road**  
CITY-ST-ZIP **Largo, FL 33771**

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**300005450183--5**  
**05/03/02 01060-014**  
**\*\*\*\*263.75 \*\*\*\*263.75**

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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

*John J. Piazza, President of Adult Care Management Corporation*

SIGNATURE

ID NAME OF SIGNING GENERAL PARTNER

Date

**727-726-3310**

Daytime Phone #

CR2E003 (9/01)