

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A14770**

1. Entity Name

CAPE CORAL DEVELOPMENTAL CENTER, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 29 AM 10:12

Principal Place of Business
**%FREDERICK J MILLS, ATTY.
1200 W PLATT ST. SUITE 100
TAMPA FL 33606**

Mailing Address
**%FREDERICK J MILLS, ATTY.
1200 W PLATT ST. SUITE 100
TAMPA FL 33606**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number **59-2536179**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WESTON, HOWARD
%FREDERICK J MILLS, ATTY.
1200 W PLATT ST, #100
TAMPA FL 33606**

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.

DATE

9. Capital Contributions as Shown on record.

\$1,400.00

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 # **F70956**
NAME **NATIONAL HEALTH CARE SERVICES, INC.**
STREET ADDRESS **1200 W PLATT ST, #100**
CITY-ST-ZIP **TAMPA FL 33606**

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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:

HOWARD WESTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/31/02
Date

828/526-9152
Daytime Phone #

0013066 AT

CR2E003 (9/01)

STAPLE CHECK HERE