

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001765 AF

DOCUMENT # **A20463**

1. Entity Name

**HALIFAX CONVALESCENT CENTER, LTD.**

Principal Place of Business

**231 WEST MINNESOTA AVE.  
DELAND FL 32720**

Mailing Address

**231 WEST MINNESOTA AVE.  
DELAND FL 32720**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2579123**

Applied For

Not Applicable

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

**LANE, FRED A**

**231 WEST MINNESOTA AVE.  
DELAND FL 32720**

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

*Fred A. Lane* **FRED A. LANE** Registered Agent **4/4/01**

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.

**\$500.00**

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 # **F32327**  
NAME **HALIFAX CONVALESCENT CENTER, INC.**  
STREET ADDRESS **231 WEST MINNESOTA AVE.**  
CITY-ST-ZIP **DELAND FL 32720**

STREET ADDRESS  
CITY-ST-ZIP  
**100004417841--5**  
**-06/13/01--01053--021**  
**\*\*\*\*150.00 \*\*\*\*150.00**

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CITY-ST-ZIP

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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:

*Fred A. Lane* **FRED A. LANE** General Partner **4/4/01** **386-736-1650**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)

**FILED**

**01 MAY 18 AM 11:29**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE