

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A20554**

1. Entity Name

LAKESHORE VILLA HEALTH CARE, LTD.

Principal Place of Business

**16002 LAKESHORE VILLA DR
TAMPA FL 33613**

Mailing Address

**16002 LAKESHORE VILLA DR
TAMPA FL 33613-1367**

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

59-2611075

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

GOEHRING, ROLAND A.

**15401 LAKESHORE VILLA STREET
TAMPA FL 33613**

Name

Registered agent's new address:

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

6428 RENWICK CIRCLE

City

TAMPA

FL

Zip Code
33647

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.

\$90,000.00

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 # **364311**
NAME **LAKESHORE VILLAS, INC.**
STREET ADDRESS **15401 LAKESHORE VILLA AV**
CITY - ST - ZIP **TAMPA FL**

STREET ADDRESS **6428 RENWICK CIRCLE**
CITY - ST - ZIP **TAMPA, FL 33647**

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

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******526.25 ****526.25**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-26-200 813-631-0132

CR2E003 (9/99)