

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009765 AF

DOCUMENT # **A20554**

1. Entity Name

**LAKESHORE VILLA HEALTH CARE, LTD.**

**FILED**

**01 MAY -3 PM 12:05**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**16002 LAKESHORE VILLA DR  
TAMPA FL 33613**

Mailing Address

**16002 LAKESHORE VILLA DR  
TAMPA FL 33613**

2. Principal Place of Business

**6428 Renwick Circle**

3. Mailing Address

**6428 Renwick Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tampa, Fl**

City & State

**Tampa, Fl**

Zip

**33647**

Country

**Hillsborough**

Zip

**33647**

Country

**Hillsborough**

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

**GOEHRING, ROLAND A.  
6428 RENWICK CIRCLE  
TAMPA FL 33613**

7. Name and Address of New Registered Agent

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.

(NOT: 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

DOCUMENT # **364311**  
NAME **LAKESHORE VILLAS, INC. Goehring Family**  
STREET ADDRESS **6428 RENWICK CIRCLE Corporation**  
CITY-ST-ZIP **TAMPA FL 33647 (name change)**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**500004334075-6  
-05/30/01--01043--016  
\*\*\*\*526.25 \*\*\*\*526.25**

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 #

CR2E003 (11/00)