

2002 UNIFORM BUSINESS REPORT (UBR)

0013542 AT

DOCUMENT # **A20554**

1. Entity Name
LAKESHORE VILLA HEALTH CARE, LTD. (name change filed on 6/4/2001)
Goehring Family Partnership I, Ltd.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 MAY -2 PM 3: 58

Principal Place of Business
6428 RENWICK CIRCLE
TAMPA FL 33647

Mailing Address
6428 RENWICK CIRCLE
TAMPA FL 33647



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number
59-2611075

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

GOEHRING, ROLAND A
6428 RENWICK CIRCLE
TAMPA FL 33613

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 # NAME STREET ADDRESS CITY-ST-ZIP	364311 GOEHRING FAMILY CORPORATION 6428 RENWICK CIRCLE TAMPA FL 33647	STREET ADDRESS 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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-26-02 **813-631-0132**
 Date Daytime Phone #

CP2E003 (9/01)