

2002 UNIFORM BUSINESS REPORT (UBR)

0014153 AT

DOCUMENT # A25806

1. Entity Name

LARGO A.C.L.F., LTD.

FILED

02 MAY -1 PM 5:29

FILED

02 MAY -1 PM 5:29

Principal Place of Business

750 STARKEY RD. #101
LARGO FL 33771

Mailing Address

750 STARKEY RD. #101
LARGO FL 33771

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

7235 Bryan Dairy Rd.
Suite, Apt. #, etc.

3. Mailing Address

7235 Bryan Dairy Rd.
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Largo, FL

City & State

Largo, FL

4. FEI Number

59-2844100

Applied For

Not Applicable

Zip

Country

33771 USA

Zip

Country

33771 USA

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

MOSES, MICHAEL J II
750 STARKEY RD
SUITE 101
LARGO FL 34641

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.

\$850,000.00

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 # J91884
NAME CONGREGATE CARE CONCEPTS
STREET ADDRESS 750 STARKEY RD.
CITY-ST-ZIP LARGO FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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BK

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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

MICHAEL J. MOSES II

Date

Daytime Phone #

4/30/02

725-745 136

CR2E003 (9/01)