

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A29450

1. Entity Name
FC SQUARE LTD.

Principal Place of Business: **3750 US 27 NORTH, SUITE 1D SEBRING FL 33870**
 Mailing Address: **136 S. RIDGEWOOD DRIVE SEBRING FL 33870-3336**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 MAR -1 AM 9:08



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-2980040**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOBBY FULCHER
 4400 SEBRING AVE
 SEBRING FL 33872**

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. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$512,159.00**

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 # | NAME | STREET ADDRESS | CITY - ST - ZIP |
| | DEBLASIO, BONIFACE | 11 PAGE DRIVE | REDBANK NJ |
| 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 | <i>mf 3/14/00</i> |
| CITY - ST - ZIP | |
| STREET ADDRESS | 600002170186--9 |
| CITY - ST - ZIP | -03/14/00--01131--027 ****526.25 ****526.25 |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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: *Deblasio Boniface* **BONIFACE DEBLASIO 2/25/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **792-747-2173** Daytime Phone #

CR2E003 (9/99)