

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 _____ (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	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	<i>mf 3/14/00</i>
STREET ADDRESS CITY - ST - ZIP	600002170186--9 -03/14/00--01131--027 ****526.25 ****526.25
STREET ADDRESS CITY - ST - ZIP	
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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)