

2001 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2980040

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

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

Name

J. Michael Swaine

Street Address (P.O. Box Number is Not Acceptable)

425 South Commerce Avenue

City

Sebring

FL

Zip Code **33870**

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]

J. Michael Swaine

April, 2001

Signature typed or printed name of registered agent 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

13. ADDRESS CHANGES ONLY

DOCUMENT #
 NAME **DEBLASIO, BONIFACE**
 STREET ADDRESS **11 PAGE DRIVE**
 CITY - ST - ZIP **REDBANK NJ**

STREET ADDRESS **See attached Amendment**

CITY - ST - ZIP

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**7000004341517--6
 -06/05/01--01010--021
 *****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: *Conrad DeBlasio* **Conrad DeBlasio** 4/26/01 (732)2579562

FILED

01 JUN -11 PM 3:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE