

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31742

1. Entity Name

CAREFREE CENTER, LTD.

FILED

00 MAR 27 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

441 E. CENTRAL AVE.
WINTER HAVEN FL 33880

Mailing Address

441 E. CENTRAL AVE.
WINTER HAVEN FL 33880-2907

2. Principal Place of Business

150-3rd St, S.W.
Suite, Apt. #, etc.

3. Mailing Address

150-3rd St, S.W.
Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL.

City & State

WINTER HAVEN, FL.

Zip

33880

Country

POLK

Zip

33880

Country

POLK

4. FEI Number

59-3090376

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILIP, DIONNE C

441 E. CENTRAL AVE. 150-3rd St, S.W.
WINTER HAVEN FL 33880

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.

\$15,000.00

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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
DIONNE, PETER
441 E. CENTRAL AVE.
WINTER HAVEN FL 33880

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY - ST - ZIP
150-3rd St, S.W.
WINTER HAVEN, FL. 33880

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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:

Philip Dionne REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/23/00 (863) 294-2812
Date Daytime Phone #

CR2E003 (9/99)