

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A92000000063**

1. Entity Name

CEDAR GROVE CREATIVE PLAY CENTER, LTD.

Principal Place of Business

**525 S. LAKE DESTINY DR. #2
ORLANDO FL 32810**

Mailing Address

**P.O. BOX 770906
OCALA FL 34477**

2. Principal Place of Business

704 WEST SR 436

Suite, Apt. #, etc.

3. Mailing Address

P O Box 1588

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Belleview, FL

Zip

32714

Country

USA

Zip

34421

Country

USA

4. FEI Number

59-3145406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MATTHEWS, PHILIP M
501 SW 96TH LANE
OCALA FL 34476**

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.

DATE

9. Capital Contributions as Shown on record.

\$50,000.00

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 # **S74021**
NAME **CEDAR GROVE ENTERPRISES, INC.**
STREET ADDRESS **501 S.W. 96TH LANE**
CITY-ST-ZIP **OCALA FL 34476**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

Karen E Matthews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0016941 AT

CR2E003 (9/01)

