

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016127 AT

DOCUMENT # A92000000063

1. Entity Name
CEDAR GROVE CREATIVE PLAY CENTER, LTD.



FILED

03 JUN -4 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
501 SW 96TH Lane

3. Mailing Address
PO Box 1588

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Ocala, FL

City & State
Delevue FL

4. FEI Number 59-3145406

Applied For
Not Applicable

Zip
34476

Country
US

Zip
34421

Country
US

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

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

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. I am familiar with, and accept the obligations of registered agent.

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

STREET ADDRESS

CITY-ST-ZIP

600017335956

06/04/03--01003--011 **233.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

600017335956

04/29/03--01098--005 **150.00

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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:

Karen E Matthews
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/03 352-237-3330

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE