

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018130 AF

DOCUMENT # A92000000202

1. Entity Name

STONECREST OF MARION COUNTY, LTD.

FILED

Principal Place of Business

11053 SE 174TH LOOP  
SUMMERFIELD FL 34491

Mailing Address

11053 SE 174TH LOOP  
SUMMERFIELD FL 34491

01 MAY -3 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

11560 SE 176th Place Rd.

3. Mailing Address

11560 SE 176th Place Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Summerfield, FL

City & State

Summerfield, FL

4. FEI Number

65-0372135

Applied For

Not Applicable

Zip

34491

Country

USA

Zip

34491

Country

USA

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

ROBERTSON, L. HALL JR.  
11053 SE 174TH LOOP  
SUMMERFIELD FL 34491

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.

(NOT: Registered Agent signature required when reinstating)

4/30/01  
DATE

9. Capital Contributions  
as Shown on record.

\$3,000,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # S63006  
NAME STONECREST MANAGEMENT, INC.  
STREET ADDRESS 11053 SE 174TH LOOP  
CITY-ST-ZIP SUMMERFIELD FL 34491

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/01  
Date

352-347-0802  
Daytime Phone #

CR2E003 (11/00)