

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019247 AB

DOCUMENT # **A93000001125**

1. Entity Name

**DIXIE HEALTH CARE CENTERS, L.P. (LIMITED PARTNER)**

FILED

01 APR 20 PM 12:05

Principal Place of Business

**4415 PHEASANT RIDGE ROAD, SUITE 301  
ROANOKE VA 24014**

Mailing Address

**4415 PHEASANT RIDGE ROAD, SUITE 301  
ROANOKE VA 24014**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**54-1691902**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

**NRA Services, Inc.**

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

**526 East Park Avenue**

City

**Tallahassee**

FL

Zip Code

**32301**

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.

**\$500.00**

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 # **M00000001808**  
NAME **DIXIE INVESTORS, LLC**  
STREET ADDRESS **4415 PHEASANT RIDGE ROAD, SUITE 301**  
CITY-ST-ZIP **ROANOKE VA 24014**

STREET ADDRESS

**200004162182--0**

CITY-ST-ZIP

**-05/08/01--01072--025**

**\*\*\*\*\*70.62 \*\*\*\*\*70.62**

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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 REQUIRED**

**4-18-01**

Date

Daytime Phone #

CR2E003 (11/00)