

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0015949
AT

DOCUMENT # **A96000001815**

1. Entity Name
CELC, LTD.

02 FEB 22 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**9020 RANCHO DEL RIO DRIVE, SUITE 129
NEW PORT RICHEY FL 34655**

Mailing Address
**9020 RANCHO DEL RIO DRIVE, SUITE 129
NEW PORT RICHEY FL 34655**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

DUE BY MAY 1, 2002

City & State

4. FEI Number
59-3404597

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

**DEEB, ALEX R
9020 RANCHO DEL RIO DRIVE, SUITE 125
NEW PORT RICHEY FL 34655**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$87,500.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$87,500.00**

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 #	K47763	STREET ADDRESS	
NAME	TRI COUNTY DEVELOPMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	9020 RANCHO DEL RIO DRIVE, SUITE 129		
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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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**

Date **2/11/02** Daytime Phone # **(727) 376-6831**

CR2E003 (9/01)