

# 2001 UNIFORM BUSINESS REPORT (UBR)

0014371 AF

DOCUMENT # **A97000000949**

1. Entity Name

**DRC OF GAINESVILLE, LTD.**

Principal Place of Business

**402 LANSBROOK DRIVE  
VENICE FL 34292**

Mailing Address

**402 LANSBROOK DRIVE  
VENICE FL 34292**

**FILED**

**01 MAR 15 AM 10:28**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3905 SW 43rd St.**

3. Mailing Address

**3905 SW 43rd St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Gainesville, Florida**

City & State

**Gainesville, Fla.**

Zip

**31608**

Country

**USA**

Zip

**31608**

Country

**USA**

4. FEI Number

**59-3515278**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCMILLIN, DON R  
402 LANSBROOK DRIVE  
VENICE FL 34292**

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 **DON R MCMILLIN**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-15-01**

9. Capital Contributions as Shown on record.

**\$1,250,000.00**

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 # **P97000037658**  
NAME **DRC OF GAINESVILLE, INC.**  
STREET ADDRESS **402 LANSBROOK DRIVE**  
CITY-ST-ZIP **VENICE FL 34292**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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: **DON R MCMILLIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1-15-01**

Date

**352 376-0004**

Daytime Phone #

CR2E003 (11/00)