

2001 UNIFORM BUSINESS REPORT (UBR)

0014371 AF

DOCUMENT # **A97000000949**

1. Entity Name

DRC OF GAINESVILLE, LTD.

FILED

01 MAR 15 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**402 LANSBROOK DRIVE
VENICE FL 34292**

Mailing Address

**402 LANSBROOK DRIVE
VENICE FL 34292**

2. Principal Place of Business

3905 SW 43rd St
Suite, Apt. #, etc.

3. Mailing Address

3905 SW 43rd St
Suite, Apt. #, etc.

City & State

Gainesville, Florida

City & State

Gainesville, Fla

4. FEI Number

59-3515278

Applied For

Not Applicable

Zip

31608

Country

USA

Zip

31608

Country

USA

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**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400003888254--0
-03/20/01--01056--025
******526.25 ****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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

1-15-01

Date

352 376-0004

Daytime Phone #

CR2E003 (11/00)