

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007450 AT

M7/31

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 26 PM 3:45

DOCUMENT # A97000000949



1. Entity Name
DRC OF GAINESVILLE, LTD.

Principal Place of Business 3905 S.W. 43RD ST. GAINESVILLE FL 32608	Mailing Address 3905 S.W. 43RD ST. GAINESVILLE FL 32608
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2003

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. \$1,250,000.00	10. Amount of Capital Contributions in FLORIDA to date. 705,840	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	P97000037658	STREET ADDRESS	
NAME	DRC OF GAINESVILLE, INC.	CITY-ST-ZIP	
STREET ADDRESS	402 LANSBROOK DRIVE		
CITY-ST-ZIP	VENICE FL 34292		800014765128 03/26/03--01067--011 **\$26.25
DOCUMENT #		STREET ADDRESS	
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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

Date _____ Daytime Phone # _____

SAMPLE CHECK HERE

CR2E003 (10/02)