

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001489

1. Entity Name

BNS OF CENTRAL FLORIDA, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 24 AM 9:56

Principal Place of Business

921 DOUGLAS AVE.  
STE. 200  
ALTAMONTE SPRINGS FL 32714

Mailing Address

921 DOUGLAS AVE.  
STE. 200  
ALTAMONTE SPRINGS FL 32714-5202



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3458478

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAFRENIERE, STEPHEN J  
921 DOUGLAS AVE.  
STE. 200  
ALTAMONTE SPRINGS FL 32714

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. \$309,690.00

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 #	P97000058306	STREET ADDRESS	
NAME	BNS OF LEESBURG, INC.	CITY - ST - ZIP	
STREET ADDRESS	921 DOUGLAS AVE. STE 200		
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714		
DOCUMENT #		STREET ADDRESS	800003195508-3
NAME		CITY - ST - ZIP	-04/04/00--01081--024
STREET ADDRESS			****526.25 ****526.25
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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: Stephen J. Lafreniere

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/20/00 (407) 786-4001

Date Daytime Phone #

CR2E003 (9/99)