

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000614**

1. Entity Name

CBC DEVELOPMENT LIMITED PARTNERSHIP

Principal Place of Business

**613 CRICKLEWOOD TERRACE
HEATHROW FL 32746**

Mailing Address

**613 CRICKLEWOOD TERRACE
HEATHROW FL 32746**

2. Principal Place of Business

1690 Bridgewater Drive
Suite, Apt. #, etc.

3. Mailing Address

Same as bus.
Suite, Apt. #, etc.

City & State

Heathrow, FL

City & State

Zip

32746

Country
U.S.

Country

4. FEI Number

59-3569636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**F & L CORP.
THE GREENLEAF BUILDING, THIRD FLOOR
200 LAURA STREET
JACKSONVILLE FL 32201-0240**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

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 # **P99000034050**
NAME **CBC FAMILY VISIONS, INC.**
STREET ADDRESS **613 CRICKLEWOOD TERRACE**
CITY-ST-ZIP **HEATHROW FL 32746**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **1690 Bridgewater Drive**
CITY-ST-ZIP **Heathrow, FL 32746**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 13 AM 10:02



DO NOT WRITE IN THIS SPACE

CR2E003 (5/00)