

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000614

1. Entity Name
CBC DEVELOPMENT LIMITED PARTNERSHIP



FILED
03 APR -8 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
160 INT'L PKWY., #140
HEATHROW FL 32746

Mailing Address
160 INT'L PKWY., #140
HEATHROW FL 32746

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 59-3569636

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

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

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

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

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,000.00

11. MAKE CHECK PAYABLE TO FL. 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 #	P99000034050	STREET ADDRESS	
NAME	CBC FAMILY VISIONS, INC.	CITY-ST-ZIP	
STREET ADDRESS	160 INT'L PKWY, #140		
CITY-ST-ZIP	HEATHROW FL 32746		
DOCUMENT #		STREET ADDRESS	700015478207
NAME		CITY-ST-ZIP	04/08/03--01073--005 **141.25
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/3/03
Date

407-333-9445
Daytime Phone #

CR2E003 (10/02)

0021062 FP