

2001 UNIFORM BUSINESS REPORT (UBR)

0016264 AF

DOCUMENT # B94000000390			
1. Entity Name CAPSTONE OF BONITA BAY, LTD.			
Principal Place of Business 3310 WEST END AVENUE SUITE 700 NASHVILLE TN 37203		Mailing Address 3310 WEST END AVENUE SUITE 700 NASHVILLE TN 37203	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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. \$1,326,910.00		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 # NAME STREET ADDRESS CITY - ST - ZIP	F94000005002 CAPSTONE CAPITAL OF BONITA BAY, INC. 3310 WEST END AVENUE SUITE 700 NASHVILLE TN 37203	STREET ADDRESS CITY - ST - ZIP	300003996353--0 04/13/01--01025--005 ****\$26.25 ****\$26.25
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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: <u>Michael D. Cristler</u> , Sr. Vice President <u>3/28/01</u> (615)269-8175			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

FILED
01 APR -6 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **63-1127980** Applied For Not Applicable

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

CP2E003 (11/00)