

# 2000 UNIFORM-BUSINESS REPORT (UBR)

3002280 AF

DOCUMENT # **B94000000502**

1. Entity Name  
**TEXAS REHAB PARTNERS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 APR 28 AM 10:38

Principal Place of Business  
950 N. ORLANDO AVE  
STE. 320  
WINTER PARK FL 32789

Mailing Address  
P.O. BOX 4951  
ORLANDO FL 32802-4961



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3191526**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**B&C CORPORATE SERVICES OF CENTRAL FL, INC**  
390 NORTH ORANGE AVENUE, SUITE 1100  
ORLANDO FL 32801

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. **\$3,007,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P92000010892**  
NAME **AMERICA'S PREFERRED HOMES, INC.**  
STREET ADDRESS **950 NO. ORLANDO AVENUE, SUITE 320**  
CITY - ST - ZIP **WINTER PARK FL 32789**

STREET ADDRESS

CITY - ST - ZIP

**000003241630--7**  
**-05/05/00--01037--020**  
**\*\*\*535.00 \*\*\*535.00**

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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: *PRESTON L. PERKONE* **SIGNATURE REQUIRED** *4/20/00* **407/628-4544**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #  
**PRESTON L. PERKONE, PRESIDENT**

CR2E003 (9/99)