2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 15, 2001 8:00 am Secretary of State 06-15-2001 90171 042 ***150.00

DOCUMENT # 1. Entity Name	PPP00039519	
COTTAGE GATES	OF MANDARIN (FL), INC.	(LP)
Principal Place of Business	Mailing Address	(
PO BOX 551260	DO BOY 551260	

AUU73459



JACKSONVILLE FL 32255 JACKSONVILLE FL 32255

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite. Apt. #, etc.						DO NOT WRITE IN THIS SPACE				
City & State City & State					4. FEI Number 59-3581447			Applied For Not Applicable		
Zip	,	Country	Zlp	Zip Coun			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									
Name										
SCHNEIDER, MICHAEL N. 5150 BELFORT ROAD				Street Address (P.O. Box Number Is Not Acceptable)						
BUILDING 100										
JACKS	ONVILL	E FL 32256			Ì					
					City			FL	Zip Co	de
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.										
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SIGNATURE Springers, Spring to priving memoral registered agent and title if approachie. (NOTE: Registered Agent alignature required when remaining) CARTE										
				12.00		ASSESSED OF THE SECOND				
		ible to satisfy its intengible and elects to do so.	FILE NOW!	LAFE	13 3 150.0		10. Election Campaign Finar			QO May Bo
	ria on back)		Make Check Payabl	e to D	partment	of State	Trust Fund Contribution.		Add	ed to Fees
11. — OFFICERS AND DIRECTORS					A. B. F. S.	C-120 32	DITIONS/CHANGES TO OFFIC	FRS AND	DIRECTO	RS IN 11
TITLE	D/V/S		☐ Delete	m	F T		01101010101010		Change	Addition
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STREET ADDRESS	11189	Cunningham C	reek Dr.	STR	ET ADORESS					
CITY-ST-ZP		onville. FL		СПҮ	-ST-ZP		_			
TITLE	D/P		Deleta	III					Change	Addition
NAME	Otten	, Sherrie		N	£ }					
STREET ADDRESS	3634	Camillia B a	y Drive S.		ET ADORESS					
CITY-ST-ZIP	Jacks	onville, FL	32223	CITY	-ST-ZP					
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NAME				NAM						i
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CITY-ST-ZIP	! 			un.	\$1-DP					

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Floride Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.



Altachment A0013459

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

June 4, 2001

COTTAGE GATES OF MANDARIN (FL), INC. P O BOX 551260 JACKSONVILLE, FL 32256

Subject: COTTAGE GATES OF MANDARIN (FL), INC.

Reference

Number:

P99000039519

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

• Please sign and return your check submitted with the annual report/uniform business report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/sa

ANNUAL REPORTS SECTION