

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 29 PM 6:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0014913 AT

DOCUMENT # **A00000001343**

1. Entity Name

**DEPASQUALE-SCHRYVER LIFE INSURANCE LIMITED PARTNERSHIP**

Principal Place of Business

**801 12TH AVENUE SOUTH  
STE 300  
NAPLES FL 34102**

Mailing Address

**801 12TH AVENUE SOUTH  
STE 300  
NAPLES FL 34102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

Zip

Country

Zip

Country

4. FEI Number

**65-1034825**

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

**DEPASQUALE, VINCENT  
801 12TH AVENUE SOUTH  
STE 300  
NAPLES FL 34102**

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.

DATE

9. Capital Contributions as Shown on record.

**\$10.00**

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 # **537413**  
NAME **RIVERWALK TAVERN, INC.**  
STREET ADDRESS **801 12TH AVENUE SOUTH, STE 300**  
CITY-ST-ZIP **NAPLES FL 34102**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **479215**  
NAME **DOCK "5", INC.**  
STREET ADDRESS **801 12TH AVENUE SOUTH, STE 300**  
CITY-ST-ZIP **NAPLES FL 34102**

STREET ADDRESS

CITY-ST-ZIP

**BK**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**400005481474--0**  
**-05/07/02--01067--006**  
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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 REQUIRED**  
*Vin DePasquale* 4/18/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

239 -  
361 -  
4151

CR2E003 (9/01)