# 2002 UNIFORM BUSINESS REPORT (UBR)

001702 AT

DOCUMENT # A95000000216

1. Entity Name

DB-RAM ASSOCIATES, LTD.

FILED

02 MAY -6 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 210 HIDDEN BAY DRIVE<br>OSPREY FL 34229 | P.O. BOX 5722<br>SARASOTA FL 34277-5722 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 741 S. Orange Ave | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Sarasota, FL | City & State |
| Zip: 34236 Country: USA | Zip Country |

**DUE BY MAY 1, 2002**

4. FEI Number 65-0564916 ☐ 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 |
|---|---|
| OLSON, PAUL E<br>1776 RINGLING BLVD.<br>SARASOTA FL 34236 | Name SEIDER, WILLIAM M.<br>Street Address (P.O. Box Number is Not Acceptable)<br>200 ~~E~~ S. ORANGE AVE<br>City SARASOTA FL Zip Code 34236 |

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 William M Seider 4-26-02
Signature, typed or printed name of registered agent and title if applicable. DATE

| 9. Capital Contributions as Shown on record. | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|---|
| $1,584.00 | | |

**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 # | P95000004519 | STREET ADDRESS | 741 S. Orange Ave |
| NAME | DB-RAM ASSOCIATES, INC. | CITY-ST-ZIP | Sarasota, FL 34236 |
| STREET ADDRESS | 210 HIDDEN BAY DR. | | |
| CITY-ST-ZIP | OSPREY FL 34229 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | 900005577229--8 |
| STREET ADDRESS | | | -05/21/02--01057--021 |
| CITY-ST-ZIP | | | ****141.25 ****141.25 |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

CR2E003 (9/01)

PLEASE CHECK HERE

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:** Robert A. Morris, Jr. SIGNATURE REQUIRED Robert A. Morris, Jr. 4/25/02 (941)923-9404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #