

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001764**

1. Entity Name

THE CASUCCI FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 17 PM 1:25

Principal Place of Business

11880 28TH STREET NORTH
ST. PETERSBURG FL 33716

Mailing Address

11880 28TH STREET NORTH
ST. PETERSBURG FL 33716



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O - G.S.S., 100-2nd Ave. So.
Suite 600
ST. Petersburg, FL

3. Mailing Address

C/O G.S.S., 100-2nd Ave. So.
Suite 600
ST. Petersburg, FL

City & State
ST. Petersburg, FL

City & State
ST. Petersburg, FL

4. FEI Number **59-3425606**

Applied For
Not Applicable

Zip **33701** Country **PINELLAS**

Zip **33701** Country **PINELLAS**

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

CASUCCI, CASS T

11880 28TH STREET NORTH
ST. PETERSBURG FL 33716

Name

Street Address (P.O. Box Number is Not Acceptable)

C/O G.S.S., 100-2nd Ave. So.
Suite 600

City **ST. Petersburg** FL Zip Code **33701**

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 *Cass T. Casucci* **CASS T. CASUCCI** 7/11/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$578,200.00**

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 **CASUCCI, CASS T**
STREET ADDRESS **11880 28TH STREET NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33716**

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DOCUMENT # **P94000088024**
NAME **CASUCCI ENTERPRISES, INC.**
STREET ADDRESS **11880 28TH STREET NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33716**

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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: *Cass T. Casucci* **CASS T. CASUCCI** 7/11/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/00)