

2001 UNIFORM BUSINESS REPORT (UBR)

1 of 2
JUL 18 2001

DOCUMENT # **A99000001775**

1. Entity Name

RP JAMES, LTD.

FILED

Principal Place of Business
**3713 BAY CREEK DRIVE
BONITA SPRINGS FL 34134**

Mailing Address
**3713 BAY CREEK DRIVE
BONITA SPRINGS FL 34134**

01 AUG -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address c/o Goodman & Breen
3838 Tamiami Tr. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300

DUE BY SEPTEMBER 26, 2001

City & State

City & State

Naples, FL

4. FEI Number

59-3606031

Applied For

Not Applicable

Zip

Country

Zip

Country

34103

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

**LAW, LESTER B ESQ.
5811 PELICAN BAY BLVD., SUITE 600
NAPLES FL 34108**

Name

Goodman & Breen, P.A.

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

3838 Tamiami Tr. N.,

Suite 300

City

Naples

FL

Zip Code
34103

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.

GOODMAN & BREEN, P.A.

SIGNATURE BY:

[Signature]
NANCY D. CLUBBS, ESQ.

7/12/01

DATE

9. Capital Contributions as Shown on record.

\$20,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$1,361,000

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 # **P99000095521**
NAME **RP JAMES, INC.**
STREET ADDRESS **3713 BAY CREEK DRIVE**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

STREET ADDRESS

CITY-ST-ZIP

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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:

[Signature]
ROBERT C JAMES

07/04/01

941-498-8883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/01)