

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000466**

1. Entity Name  
**RASHKIN FAMILY LIMITED PARTNERSHIP II**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 17 PM 1:25

Principal Place of Business  
**4730 NORTH HABANA AVENUE, SUITE 303  
TAMPA FL 33614**

Mailing Address  
**P.O. BOX 15837  
TAMPA FL 33684-5837**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RASHKIN, JOSEPH C  
4730 NORTH HABANA AVENUE, SUITE 303  
TAMPA FL 33614**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$184,000.00**

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  
STREET ADDRESS  
CITY - ST - ZIP  
**RASHKIN, JOSEPH C  
4730 NORTH HABANA AVENUE, SUITE 303  
TAMPA FL 33614**

STREET ADDRESS

CITY - ST - ZIP

**800003335338--6**  
**-07/25/00--01067--001**  
**\*\*\*\*\*437.50 \*\*\*\*\*437.50**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

**800003335338--6**  
**-07/25/00--01067--002**  
**\*\*\*\*\*88.75 \*\*\*\*\*88.75**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/6/00

8 727-392405

Form **SS-4**

(Rev. February 1998)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)	<u>Rashkin Family Limited Partnership II</u>	
2 Trade name of business (if different from name on line 1)	<u>same</u>	
3 Executor, trustee, "care of" name	<u>Joseph C Rashkin</u>	
4a Mailing address (street address) (room, apt., or suite no.)	<u>PO Box 15837</u>	
5a Business address (if different from address on lines 4a and 4b)	<u>same</u>	
4b City, state, and ZIP code	<u>Tampa FL 33684</u>	
5b City, state, and ZIP code	<u>same</u>	
6 County and state where principal business is located	<u>Hillsborough FL</u>	
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶	<u>262-92-5110</u> <u>Joseph Rashkin M.D</u>	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |   |  |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN)                    | <input type="checkbox"/> Estate (SSN of decedent)      |
| <input checked="" type="checkbox"/> Partnership                   | <input type="checkbox"/> Plan administrator (SSN)      |
| <input type="checkbox"/> REMIC                                    | <input type="checkbox"/> Other corporation (specify) ▶ |
| <input type="checkbox"/> State/local government                   | <input type="checkbox"/> Trust                         |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military   |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ | (enter GEN if applicable)                              |
| <input type="checkbox"/> Other (specify) ▶                        |  |

8b If a corporation, name the state or foreign country (if applicable) where incorporated W/A State N/A Foreign country N/A

- 9 Reason for applying (Check only one box.) (see instructions)
- ☒ Started new business (specify type) ▶ Partnership
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Other (specify) ▶
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year) (see instructions) 6/1/00 11 Closing month of accounting year (see instructions) 12/3112 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) W/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

14 Principal activity (see instructions) ▶ Asset Protection

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used

16 To whom are most of the products or services sold? Please check one box.

17a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known:

Approximate date when filed (mo., day, year) 4/94 City and state where filed Tampa FL

Previous EIN 59-3030334

Business telephone number (include area code) 727-392-4015

Fax telephone number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ Joseph Rashkin PartnerSignature ▶ Joseph Rashkin Date ▶ 7/13/00

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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