

# 2002 UNIFORM BUSINESS REPORT (UBR)

0013569 AT

DOCUMENT # **A0000000013**

1. Entity Name

**RGA PROPERTIES, LTD.**

FILED  
02 FEB 14 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3939 VENETIAN WAY  
TAMPA FL 33634

Mailing Address

P.O. BOX 320027  
TAMPA FL 33679



2. Principal Place of Business

**900 Golf View Street South**

3. Mailing Address

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

**Tampa, Florida**

City & State

4. FEI Number

**59-3614034**

Applied For

Not Applicable

Zip

**33629**

Country

**USA**

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HINES, JAMES P ESQUIRE  
C/O HINES NORMAN & ASSOCIATES, P.L.  
315 SOUTH HYDE PARK AVENUE  
TAMPA FL 33606**

7. Name and Address of New Registered Agent

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.

**\$2,500,000.00**

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 # **G99364900177**  
NAME **CUERVO IRREVOCABLE TRUST**  
STREET ADDRESS **3939 VENETIAN WAY**  
CITY-ST-ZIP **TAMPA FL 33634**

STREET ADDRESS **900 Golf View Street South**  
CITY-ST-ZIP **Tampa, FL 33629**

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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE: **2-11-02**  
DAYTIME PHONE #: **813-876-4491**

CR2E003 (9/01)