

2002 UNIFORM BUSINESS REPORT (UBR)

001521 AT

DOCUMENT # A00000000081

1. Entity Name

RSG FAMILY LIMITED PARTNERSHIP - TANGLEWOOD

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 11 PM 2:03

Principal Place of Business

P.O. BOX 1550
MARCO ISLAND FL 34146

Mailing Address

P.O. BOX 1550
MARCO ISLAND FL 34146



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-3623025

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

GLAS, RONALD L
402 11TH STREET NORTH
NAPLES FL 34102

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.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1000

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 # P98000069907
NAME BARFIELD BAY HOLDINGS, INC.
STREET ADDRESS P.O. BOX 1550
CITY-ST-ZIP MARCO ISLAND FL 34146

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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-02/14/02--01044--010
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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 REQUIRED Pin

Date

Daytime Phone #

0101 C00003 (9/01)

1/15/02 941
642 3953