

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000628

1. Entity Name  
ZARELLA FAMILY PARTNERSHIP, LTD.



FILED  
TARY OF STATE  
OF CORPORATIONS

03 SEP -5 PM 1:47

Ma/s-

Principal Place of Business  
400 WYNDEMERE WAY, APT. 101D  
NAPLES FL 34105

Mailing Address  
400 WYNDEMERE WAY, APT. 101D  
NAPLES FL 34105



2. Principal Place of Business  
45 COLLURA LANE

3. Mailing Address  
45 COLLURA LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 24, 2003

City & State  
CLIFTON, N.J.

City & State  
CLIFTON N.J.

4. FEI Number 65-0997722

Applied For  
Not Applicable

Zip Country  
07012 USA

Zip Country  
07012 USA

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

BRADLEY, TODD L. ESO.  
5551 RIDGEWOOD DRIVE, SUITE 501  
NAPLES FL 34108

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # P00000022583  
NAME ZARELLA EQUITIES, INC.  
STREET ADDRESS 400 WYNDEMERE WAY, APT. 101D  
CITY-ST-ZIP NAPLES FL 34105

STREET ADDRESS

CITY-ST-ZIP

07/31/03--01028--001 \*\*350.00

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100021956661  
08/29/03--01035--004 \*\*575.25

DOCUMENT #  
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CITY-ST-ZIP

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STREET ADDRESS

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: Michael P. Zarella MICHAEL P. ZARELLA

7/28/03

973-779-5596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/03)