2001 UNIFORM BUSINESS REPORT (UBR)

001023 AF

DOCUMENT # A00000001343

1. Entity Name

DEPASQUALE-SCHRYVER LIFE INSURANCE LIMITED PARTN

FILED

01 MAY -1 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
801 12TH AVENUE SOUTH STE 300 NAPLES FL 34102	801 12TH AVENUE SOUTH STE 300 NAPLES FL 34102

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ☑ Applied For ☐ Not Applicable

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
DEPASQUALE, VINCENT 801 12TH AVENUE SOUTH STE 300 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. (NOT Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	$10.00	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 #	537413	STREET ADDRESS	100004274721--1
NAME	RIVERWALK TAVERN, INC.		-05/21/01--01176--008
STREET ADDRESS	801 12TH AVENUE SOUTH, STE 300	CITY-ST-ZIP	****141.25 ****141.25
CITY-ST-ZIP	NAPLES FL 34102		
DOCUMENT #	479215	STREET ADDRESS	
NAME	DOCK "5", INC.		
STREET ADDRESS	801 12TH AVENUE SOUTH, STE 300	CITY-ST-ZIP	
CITY-ST-ZIP	NAPLES FL 34102		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

CR2E003 (11/00)

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 REQUI... 4-26-01 941 261-4191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #