

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A00000001343

1. Entity Name
DEPASQUALE-SCHRYVER LIFE INSURANCE LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL -7 PM 2:15

Principal Place of Business
**801 12TH AVENUE SOUTH, SUITE 300
NAPLES FL 34102**

Mailing Address
**801 12TH AVENUE SOUTH, SUITE 300
NAPLES FL 34102**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number **65-1034825**

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

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. 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. **\$10.00**

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 # **537413**
NAME **RIVERWALK TAVERN, INC.**
STREET ADDRESS **801 12TH AVENUE SOUTH, STE 300**
CITY-ST-ZIP **NAPLES FL 34102**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **479215**
NAME **DOCK '5', INC.**
STREET ADDRESS **801 12TH AVENUE SOUTH, STE 300**
CITY-ST-ZIP **NAPLES FL 34102**

STREET ADDRESS

CITY-ST-ZIP

900018472029
05/08/03--01005--010 **\$2.50

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900018472029
07/07/03--01022--017 **\$8.75

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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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/17/03

Date

239-261-4191

Daytime Phone #

CR2E003 (10/02)

0015171 AT