

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 29 PM 6:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0014869 AT

DOCUMENT # A00000001344

1. Entity Name

RIVERWALK AT TIN CITY LIMITED PARTNERSHIP

Principal Place of Business

801 12TH AVENUE SOUTH, STE 300  
NAPLES FL 34102

Mailing Address

801 12TH AVENUE SOUTH, STE 300  
NAPLES FL 34102



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-1034858

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.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

\$495.00

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

STREET ADDRESS

300005481463--4

CITY-ST-ZIP

05/07/02 01067 002

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Vin DePasquale

Date

4/17/02

Daytime Phone #

239-261-4191

CR2E003 (9/01)