

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010665 AF

DOCUMENT # A00000001348

1. Entity Name

ROBERT C. JONES FAMILY LIMITED PARTNERSHIP

FILED

Principal Place of Business

1135 GALLEON DRIVE  
NAPLES FL 34102

Mailing Address

1135 GALLEON DRIVE  
NAPLES FL 34102

01 MAY -1 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

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

PAULICH, JOHN III

801 ANCHOR RODE DRIVE, SUITE 203  
NAPLES FL 34103

Name

Melissa Rice

Street Address (P.O. Box Number is Not Acceptable)

1794 Victoria Pt Cir

City

Weston

FL

Zip Code

3332

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-01

9. Capital Contributions  
as Shown on record.

\$500,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$190,000

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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

JONES, ROBERT C  
1135 GALLEON DRIVE  
NAPLES FL 34102

STREET ADDRESS

CITY-ST-ZIP

100004271751--1

STREET ADDRESS

-05/18/01--01106--012

CITY-ST-ZIP

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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

4-20-01 9546616240

Date

Daytime Phone #

CR2E003 (1/1/00)