

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A00000001509**

1. Entity Name

**RS FAMILY LIMITED PARTNERSHIP NO. 2**

Principal Place of Business

**P.O. BOX 9312**

**MIAMI FL 33014**

Mailing Address

**P.O. BOX 9312**

**MIAMI FL 33014**

**FILED**

**01 SEP 28 PM 12:17**

**SECRETARY OF STATE  
TALLAHASSEE, FL 32310**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY SEPTEMBER 26, 2001**

City & State

City & State

4. FEI Number

**65-1044381**

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

**NELSON, BARRY A**

**C/O NELSON & ASSOCIATES, P.A.**

**19495 BISCAYNE BLVD., SUITE 609**

**AVENTURA FL 33180**

Name

**Charles L. Ruffner, Esq.**

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

**Suite 507, Courvoisier Centre II**

**601 Brickell Key Drive**

City

**Miami**

**FL**

Zip Code

**33131-2623**

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

*Charles L. Ruffner*

**Charles L. Ruffner, Esq.**

**9/24/01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$50,000,000.00**

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 # **P00000074043**  
NAME **SCHAEFER FAMILY HOLDINGS, INC.**  
STREET ADDRESS **P.O. BOX 9312**  
CITY-ST-ZIP **MIAMI FL 33014**

STREET ADDRESS **700 Brickell Avenue**  
CITY-ST-ZIP **Miami, FL 33131**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

**400004622104--6**  
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**9/26/01**

Date

**754-433-7700**

Daytime Phone #

CR2E003 (5/01)