

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000036

1. Entity Name
DON DEFLAVIS FAMILY PARTNERSHIP, LTD.



FILED

03 MAY 28 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
720 WEBER BLVD., S.
NAPLES FL 34117

Mailing Address
720 WEBER BLVD., S.
NAPLES FL 34117

2. Principal Place of Business

99 3rd St

3. Mailing Address

P.O. Box 1356

Suite, Apt., etc.

Suite, Apt., etc.

DUE BY MAY 1, 2003

City & State

Bonita Springs

City & State

Bonita Springs, FL

4. FEI Number APPLIED FOR

65-1082739

Applied For

Not Applicable

Zip

FL

Country

USA

Zip

34133

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEFLAVIS, DON

720 WEBER BLVD., S.

NAPLES FL 34117

7. Name and Address of New Registered Agent

Name

Don DeFlavis

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

99 3rd St

Bonita Springs

City

FL

Zip Code

34134

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

1/2/03

9. Capital Contributions
as Shown on record.

\$1,313,102.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,313,102.00

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DEFLAVIS, DONALD C
720 WEBER BLVD., S.
NAPLES FL 34117

13. ADDRESS CHANGES ONLY

STREET ADDRESS

99 3rd St

CITY-ST-ZIP

Bonita Springs FL 34134

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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
Don DeFlavis

4/25/03

239 495 6740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0016378 AT