

# 2002 UNIFORM BUSINESS REPORT (UBR)

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FILED

02 APR 29 PM 6:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # A01000001232**

1. Entity Name  
**VANDERBILT LAND LIMITED PARTNERSHIP**

Principal Place of Business <b>801 12TH AVENUE SOUTH, SUITE 300 NAPLES FL 34102</b>	Mailing Address <b>801 12TH AVENUE SOUTH, SUITE 300 NAPLES FL 34102</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	<b>DUE BY MAY 1, 2002</b>	
City & State	City & State	4. FEI Number <b>59-3744911</b>	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**DEPASQUALE, VINCENT J  
801 12TH AVENUE SOUTH, SUITE 300  
NAPLES FL 34102**

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record. <b>\$485.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>SCHRYVER, KENNEY H TRUSTEE 801 12TH AVENUE SOUTH, SUITE 300 NAPLES FL 34102</b>	STREET ADDRESS	<b>500005481465-7 -05/07/02--01067--003 ***141.25 ***141.25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>DEPASQUALE, VINCENT J TRUSTEE 801 12TH AVENUE SOUTH, SUITE 300 NAPLES FL 34102</b>	STREET ADDRESS	<b>BK</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>LIEBERFARB, STANLEY J TRUSTEE 801 12TH AVENUE SOUTH, SUITE 300 NAPLES FL 34102</b>	STREET ADDRESS	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	

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** *Vin Depasquale* **4/18/02** <sup>239-</sup> **261-4191**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)