

2002 UNIFORM BUSINESS REPORT (UBR)

0014888 AT

DOCUMENT # A01000001232

1. Entity Name
VANDERBILT LAND LIMITED PARTNERSHIP

FILED

02 APR 29 PM 6:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business
**801 12TH AVENUE SOUTH, SUITE 300
NAPLES FL 34102**

Mailing Address
**801 12TH AVENUE SOUTH, SUITE 300
NAPLES FL 34102**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2002

4. FEI Number
59-3744911

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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. **\$485.00**

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

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	SCHRYVER, KENNEY H TRUSTEE	801 12TH AVENUE SOUTH, SUITE 300	NAPLES FL 34102
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	DEPASQUALE, VINCENT J TRUSTEE	801 12TH AVENUE SOUTH, SUITE 300	NAPLES FL 34102
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	LIEBERFARB, STANLEY J TRUSTEE	801 12TH AVENUE SOUTH, SUITE 300	NAPLES FL 34102
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	500005481465-7 -05/07/02--01067--003 ***141.25 ***141.25
STREET ADDRESS	
CITY-ST-ZIP	BK
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* **Vin Depasquale** **4/18/02** **239-261-4191**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)