

# 2000 UNIFORM BUSINESS REPORT (UBR)

0009171 1A

DOCUMENT # **A04592**

1. Entity Name  
**RAYMOND SAVIGNAC ASSOCIATES, LTD.**

Principal Place of Business  
**105B DAVIS BLVD. EAST  
TAMPA FL 33606**

Mailing Address  
**105B DAVIS BLVD. EAST  
TAMPA FL 33606-3513**

**FILED**

**00 JAN 13 PM 12:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1668746**  
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  
**SAVIGNAC, RAYMOND J  
105 DAVIS BLVD. EAST, UNIT B  
TAMPA FL 33606**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$1,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$1,000.00** 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 #	NAME	STREET ADDRESS	STREET ADDRESS	
	SAVIGNAC, RAYMOND J.	105 DAVIS BLVD. EAST, UNIT B	CITY - ST - ZIP	<b>100003104061--0</b>
	TAMPA FL 33606			<b>-01/20/00-01033-020</b>
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
			CITY - ST - ZIP	<b>****141.25 ****141.25</b>
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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: **RAYMOND SAVIGNAC** **SIGNATURE REQUIRED**  
Date **January 10, 2000** Daytime Phone # **813-254-5890**

CR2E003 (9/99)