

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013240 AT

DOCUMENT # **A04592**

1. Entity Name
RAYMOND SAVIGNAC ASSOCIATES, LTD.



FILED

03 JAN 14 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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



2. Principal Place of Business
105 DAVIS BLVD. EAST

3. Mailing Address
105 DAVIS BLVD. EAST

Suite, Apt. #, etc.
UNIT B

Suite, Apt. #, etc.
UNIT B

City & State
Tampa FL

City & State
Tampa FL

Zip
33606

Country
Hillsboro

Zip
33606

Country
Hillsboro

DUE BY MAY 1, 2003

4. FEI Number **59-1668746**

Applied For
Not Applicable

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

**SAVIGNAC, RAYMOND J
105 DAVIS BLVD. EAST, UNIT B
TAMPA FL 33606**

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. 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

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 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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**SAVIGNAC, RAYMOND J.
105 DAVIS BLVD. EAST, UNIT B
TAMPA FL 33606**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**100010075811
01/14/03--01045--009 **141.25**

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CR2E003 (10/02)

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 J. Savignac**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-8-03 813/254-5890
Date Daytime Phone #