

2002 UNIFORM BUSINESS REPORT (UBR)

000478 AV

DOCUMENT # A04883

1. Entity Name

REYCO NO. 2, LTD.

FILED

02 APR 29 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7650 COURTNEY CAMPBELL CAUSEWAY, STE 1120
TAMPA FL 33607

Mailing Address

7650 COURTNEY CAMPBELL CAUSEWAY, STE 1120
TAMPA FL 33607



2. Principal Place of Business

712 S. Oregon Ave

3. Mailing Address

712 S. Oregon Ave

Suite Apt. #, etc.

200

Suite Apt. #, etc.

200

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33606

Country

Zip

33606

Country

DUE BY MAY 1, 2002

4. FEI Number

59-1743086

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRUSEN, W. A. JR.

7650 COURTNEY CAMPBELL CAUSEWAY, STE 1120
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

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

712 S. Oregon Ave.

Suite 200

City Tampa

FL

Zip Code

33606

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

W. A. Krusen, Jr. W. A. Krusen, Jr.

4-25-02

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

DATE

9. Capital Contributions
as Shown on record.

\$110,000.00

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 # M80265
NAME GENERAL MANAGEMENT & DEVELOPMENT CORP.
STREET ADDRESS 7650 COURTNEY CAMPBELL CAUSEWAY, STE 1120
CITY-ST-ZIP TAMPA FL 33607

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

712 S. Oregon Ave., Suite 200

CITY-ST-ZIP

Tampa, FL 33606

STREET ADDRESS

BK

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

W. A. Krusen, Jr. W. A. Krusen, Jr.

4-25-02

813-837-3009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)