

# 2002 UNIFORM BUSINESS REPORT (UBR)

0014054 AT

DOCUMENT # A06207

1. Entity Name

RUBIN ASSOCIATES, LIMITED

Principal Place of Business

15500 ROOSEVELT BLVD.  
SUITE 301  
CLEARWATER FL 33760-3410  
US

Mailing Address

15500 ROOSEVELT BLVD.  
SUITE 301  
CLEARWATER FL 33760-3410  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

02 APR 23 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

4. FEI Number

59-1804227

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

RUBIN, LESLIE  
15201 ROOSEVELT BLVD.  
STE. #112  
CLEARWATER FL 33760

Name

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

15500 ROOSEVELT BLVD - STE 301

City

CLEARWATER

FL

Zip Code  
33760

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

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

DATE

9. Capital Contributions  
as Shown on record.

\$100.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # 436032  
NAME RUBIN DEVELOPMENT CORPORATION  
STREET ADDRESS 15201 ROOSEVELT BLVD., SUITE #112  
CITY-ST-ZIP CLEARWATER FL 33760

STREET ADDRESS 15500 ROSEVELT BLVD  
CITY-ST-ZIP CLEARWATER FL 33760

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

500005413575-0  
-05/02/02--01018--001  
\*\*\*\*150.00 \*\*\*\*150.00

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

000005414700-3  
-05/07/02--01083--026  
\*\*\*\*526.25 \*\*\*\*526.25

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NAME  
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

LESLIE A. RUBIN

Date

Daytime Phone #

4-17-02

727-530-0021

CR2E003 (9/01)