

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010216 AF

**DOCUMENT # A09719**  
 1. Entity Name  
**BRYAN DAIRY LIMITED**

**FILED**  
 01 APR 16 PM 12:16  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 15201 ROOSEVELT BLVD, SUITE 112, CLEARWATER FL 33760, US  
 Mailing Address: 15201 ROOSEVELT BLVD, SUITE 112, CLEARWATER FL 33760, US

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State  
 Zip: Zip Country: Country

4. FEI Number: 59-2032482 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**RUBIN, LESLIE A.**  
**15201 ROOSEVELT BLVD**  
**STE. #112**  
**CLEARWATER FL 33760**

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: **\$504,500.00**  
 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	
DOCUMENT #	A03736
NAME	LESLIE A. RUBIN, LIMITED
STREET ADDRESS	15201 ROOSEVELT BLVD
CITY-ST-ZIP	CLEARWATER FL 33760
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000004080870--1 -04/28/01--01067--007
CITY-ST-ZIP	****150.00 ****150.00
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: *Leslie A Rubin* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
 Date: 04/10/01 Daytime Phone #: 787-530-0021

CR2E003 (11/00)