

2002 UNIFORM BUSINESS REPORT (UBR)

0006758 AT

LF.

FILED

02 APR 25 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A11928

1. Entity Name
REGIONAL INVESTMENT FUND, LTD.

Principal Place of Business
3233 THOMASVILLE ROAD
TALLAHASSEE FL 32312

Mailing Address
P.O. BOX 13878
TALLAHASSEE FL 32317

2. Principal Place of Business
3233 Thomasville Road

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

City & State
Tallahassee, FL

City & State
City & State

Zip
32308

Country
USA

Zip
Zip

Country
Country

DUE BY MAY 1, 2002

4. FEI Number
59-2228264

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MOORE, EDGAR M.
215 SOUTH MONROE STREET
SECOND FLOOR
TALLAHASSEE FL 32301

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

9. Capital Contributions as Shown on record. \$72,334,716.00

10. Amount of Capital Contributions in FLORIDA to date. \$72,334,716.00

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 #	DEISON, ROBERT R.
NAME	3233 THOMASVILLE ROAD
STREET ADDRESS	TALLAHASSEE FL
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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	
CITY-ST-ZIP	
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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 REQUIRED**

4/16/02 **850/386-7789**

Date **Daytime Phone #**

CR2E003 (9/01)