

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013628  
AT

DOCUMENT # A15902

1. Entity Name  
MASCALI & SONS, LTD.



FILED

03 APR 10 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
411 RIVER BAY DRIVE  
TAMPA FL 33619

Mailing Address  
411 RIVER BAY DRIVE  
TAMPA FL 33619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-2409081

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MASCALI, EDITH M  
7974 SAILBOAT KEY BLVD., #804  
SO. PASADENA FL 33707

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.

\$722,425.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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 MASCALI, FRANK C  
STREET ADDRESS 314 CAMBRIDGE PLACE  
CITY-ST-ZIP BRANDON FL 33511

STREET ADDRESS  
CITY-ST-ZIP  
400015657594  
04/10/03--01092--018 \*\*526.25

DOCUMENT #  
NAME MASCALI, EDITH  
STREET ADDRESS 7974 SAILBOAT KEY BLVD.  
CITY-ST-ZIP SOUTH PASADENA FL 33707

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME MAURIELLO, MARIE H  
STREET ADDRESS 16 WINDSOR ROAD  
CITY-ST-ZIP SCARSDALE NY 10583

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME MASCALI, CHARLES R  
STREET ADDRESS 497 LOST DISTRICT DRIVE  
CITY-ST-ZIP NEW CANAAN CT 06840

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME FAIRFIELD, DOLORES J  
STREET ADDRESS 7974 SAILBOAT KEY BLVD.  
CITY-ST-ZIP SOUTH PASADENA FL 33707

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME MASCALI, RICHARD  
STREET ADDRESS 97 STONEWALL CIRCLE  
CITY-ST-ZIP WEST HARRISON NY 10604

STREET ADDRESS  
CITY-ST-ZIP

M THOMAS

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:

*Richard M. Mascali*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

RICHARD M MASCALI 4/6/03  
Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE