

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A19872**

1. Entity Name

REECE ASSOCIATES LIMITED

Principal Place of Business

P. O. BOX 1968
ORLANDO FL 32802

Mailing Address

P. O. BOX 1968
ORLANDO FL 32802-1968

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2569966

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

**REECE, RUDOLPH JR.
8024 GILLETTE COURT
ORLANDO FL 32819**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$183,405.00

10. Amount of Capital Contributions in FLORIDA to date.

- 0 -

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 # **H47161**
NAME **RA COMMUNICATIONS INC**
STREET ADDRESS **8024 GILLETTE CT.**
CITY - ST - ZIP **ORLANDO FL**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # **REECE, MARSHA D**
NAME **8024 GILLETTE CT.**
STREET ADDRESS **ORLANDO FL**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
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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:

Marsha D. Reece
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
MARSHA D.M. REECE

April 28, 2000
Date

407.444.0557
Daytime Phone #

FILED
00 MAY -1 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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