

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

A25965

1. Entity Name

RDC POOLER LIMITED PARTNERSHIP

Principal Place of Business

4300 N. UNIVERSITY DR., SUITE A-106  
FORT LAUDERDALE FL 33351

Mailing Address

4300 N. UNIVERSITY DR., SUITE A-106  
FORT LAUDERDALE FL 33351-6243

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0032390

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE, LAWRENCE A., ESQ.  
4300 N. UNIVERSITY DR., SUITE A-106  
FORT LAUDERDALE FL 33351

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

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.

\$4,803.75

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

DOCUMENT #

L98163

NAME

CRESTVIEW SERVICE CORP.

STREET ADDRESS

4300 N UNIVERSITY DR

CITY - ST - ZIP

FORT LAUDERDALE FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

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CITY - ST - ZIP

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NAME

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -4 PM 1:33



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)