

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28909**

1. Entity Name

**RICHARD J. PERROTTA FAMILY LIMITED PARTNERSHIP**

FILED

00 JAN 27 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>8004 PLANATION LAKES DR. PT. ST. LUCIE FL 34986-3013</b>	Mailing Address <b>8004 PLANATION LAKES DR. PT. ST. LUCIE FL 34986-3013</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2964638</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

**6. Name and Address of Current Registered Agent**

**PERROTTA, RICHARD J  
8004 PLANTATION LAKES DR.  
PT. ST. LUCIE FL 34986-3013**

**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. <b>\$434,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 STREET ADDRESS CITY - ST - ZIP	<b>PERROTTA, RICHARD J 8004 PLANTATION LAKES DR. PT. ST. LUCIE FL 34986-3013</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>PERROTTA, MARY LYNN T 8004 PLANTATION LAKES DR. PT. ST. LUCIE FL 34986-3013</b>	STREET ADDRESS CITY - ST - ZIP	<b>4000003119444-8 -02/01/00-01127-002 *****526.25 *****526.25</b>
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Richard J. Perrotta** **1/22/00** **561-465-3454**  
Date Daytime Phone #

CR2E003 (9/99)