

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016726 AT

DOCUMENT # **A28909**

1. Entity Name
RICHARD J. PERROTTA FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**8004 PLANATION LAKES DR.
PT. ST. LUCIE FL 34986-3013**

Mailing Address
**8004 PLANATION LAKES DR.
PT. ST. LUCIE FL 34986-3013**

FILED
03 MAR 19 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
112 SW Peacock Blvd

3. Mailing Address
112 SW Peacock Blvd

Suite, Apt. #, etc.
201

Suite, Apt. #, etc.
201

DUE BY MAY 1, 2003

City & State
Port St. Lucie, FL

City & State
Port St. Lucie, FL

4. FEI Number **59-2964638**

Applied For
Not Applicable

Zip
34986

Country
USA

Zip
34986

Country
USA

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

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

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. **\$434,000.00**

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

STREET ADDRESS
CITY-ST-ZIP
**112 SW Peacock Blvd, #201
Port St. Lucie FL 34986**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**PERROTTA, MARY LYNN T
8004 PLANTATION LAKES DR.
PT. ST. LUCIE FL 34986-3013**

STREET ADDRESS
CITY-ST-ZIP
**112 SW Peacock Blvd, #201
Port St. Lucie FL 34986**

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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 #

1/27/03 772-485-3454

CR2E003 (10/02)

STAPLE CHECK HERE