

2001 UNIFORM BUSINESS REPORT (UBR)

0014215 AF

DOCUMENT # A31202

1. Entity Name

R.J.F.C., LTD.

FILED

01 MAY -2 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

8191 COLLEGE PARKWAY
STE. #301
FT. MYERS FL 33919

8191 COLLEGE PARKWAY
STE. #301
FT. MYERS FL 33919

2. Principal Place of Business

3. Mailing Address

8191 College Parkway

8191 College Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 205

Suite # 205

City & State

City & State

Ft. Myers FL

Ft. Myers FL

Zip

Zip

33919

33919

Country

Country

4. FEI Number

65-0241197

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

RICHARD, R Q III
8191 COLLEGE PARKWAY
SUITE 301
FT. MYERS FL 33919

Name

Street Address (P.O. Box Number is Not Acceptable)

8191 College Parkway

Suite 205

City

Ft. Myers

FL

Zip Code

33919

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.

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$455,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

455,000

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
RICHARDS, R Q III
8191 COLLEGE PARKWAY, STE. 301
FT. MYERS FL 33919

STREET ADDRESS
CITY-ST-ZIP
8191 College Parkway Ste 205
Ft. Myers FL 33919

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/01

Date

941-433-0053

Daytime Phone #

CR2E003 (11/00)