

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31618**

1. Entity Name  
**RIO VISTA PARTNERS, LTD.**



03 JAN 30 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MMJ**

Principal Place of Business  
ATTN: DONALD A. HAAS  
1617 RIDGEWOOD AVENUE, SUITE F  
HOLLY HILL FL 32117

Mailing Address  
ATTN: DONALD A. HAAS  
1617 RIDGEWOOD AVENUE, SUITE F  
HOLLY HILL FL 32117



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **59-3075115**

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

**ROTH, JOSEPH A**  
**1617 RIDGEWOOD AVENUE**  
**HOLLY HILL FL 32117**

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.

**\$8,500.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**0**

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 # **S10082**  
NAME **RIO VISTA OFFICE CNTR, INC**  
STREET ADDRESS **1617 RIDGEWOOD AVE., #F**  
CITY-ST-ZIP **HOLLY HILL FL**

STREET ADDRESS

**000010387280**

CITY-ST-ZIP

**01/30/03--01062--010 \*\*81.75**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**000010387280**

**01/21/03--01051--023 \*\*59.50**

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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: **X** **JOSEPH A. ROTH**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**X1-6-03 X 386-677-3104**

CR2E003 (10/02)

0005894 AT