

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015149 AT

DOCUMENT # A93000000750

1. Entity Name  
THE DEPASQUALE FAMILY PARTNERSHIP, LTD.



FILED  
03 JAN 17 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2211 SOUTH WINDS DRIVE  
NAPLES FL 34102

Mailing Address  
2211 SOUTH WINDS DRIVE  
NAPLES FL 34102



2. Principal Place of Business

801 12TH AVE. S

3. Mailing Address

801 12TH AVE S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 300

STE. 300

City & State

City & State

NAPLES Florida

NAPLES Florida

Zip

Country

Zip

Country

34102

USA

34102

USA

DUE BY MAY 1, 2003

4. FEI Number 65-0418242

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

DEPASQUALE, VINCENT J  
801 12TH AVENUE SOUTH  
SUITE 300  
NAPLES FL 33940

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.

\$900.00

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  
DEPASQUALE, VINCENT J  
801 12TH AVE. S., STE 300  
NAPLES FL 34102

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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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

1-1303 239-261-491

Date

Daytime Phone #

CR2E003 (10/02)