

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000689

1. Entity Name

R & M STEVES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 12 PM 1:33

Principal Place of Business

405 THE CIRCLE
LONGWOOD FL 32779

Mailing Address

P.O. BOX 8750
WINTER PARK FL 32790-8750



2. Principal Place of Business

5905 Lucina Ct

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 8888

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Myers FL

City & State

Winter Park, FL

4. FEI Number

59-3307351

Applied For

Not Applicable

Zip

33908

Country

USA

Zip

32790

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEVES, RICHARD

405 THE CIRCLE see below

LONGWOOD FL 32779

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 X CRW STEVES

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.

\$3,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$ 237,000

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

DOCUMENT # A94000000689
NAME STEVES, RICHARD
STREET ADDRESS 405 THE CIRCLE
CITY - ST - ZIP LONGWOOD FL 32779 CRW Steves

13. ADDRESS CHANGES ONLY

STREET ADDRESS 5905 Lucina Ct
CITY - ST - ZIP Ft Myers, FL 33908-6142

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CITY - ST - ZIP

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STREET ADDRESS 4000003300314-2
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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: X SIGNATURE REQUIRED CRW STEVES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #