

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008128 AT

DOCUMENT # **A94000000689**

1. Entity Name  
**R & M STEVES, LTD.**



**FILED**

03 JAN 14 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**5905 LUCINA CT  
FT MYERS FL 33908**

Mailing Address  
**P.O. BOX 8868  
WINTER PARK FL 32790**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

4. FEI Number **59-3307351**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STEVES, RICHARD  
5905 LUCINA CT  
FT MYERS FL 33908-6142**

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.

**\$3,000,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**237,000.00**

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	<del>STEVES, RICHARD</del>
STREET ADDRESS	<del>5905 LUCINA CT</del>
CITY-ST-ZIP	<del>FT MYERS FL 33908-6142</del>
DOCUMENT #	
NAME	Richard W. Steves Revocable Trust
STREET ADDRESS	5905 Lucina Ct.
CITY-ST-ZIP	Ft. Myers, FL 33908
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	<b>400010075704</b> <b>01/14/03--01045--003 **526.25</b>
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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

Bank of America, NA by **Am A. Bock, VP**

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/6/03**

**407-646-3402**

Date

Daytime Phone #

CR2E003 (10/02)