

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000971**

1. Entity Name

RFR AMERILIFE, LTD.

Principal Place of Business

**4102-B QUIXATE BLVD.
TAMPA FL 33613**

Mailing Address

**4102B QUIXOTE BLVD
TAMPA FL 33613**

2. Principal Place of Business

6630 Rowan Road

Suite, Apt. #, etc.

3. Mailing Address

6630 Rowan Road

Suite, Apt. #, etc.

City & State

New Port Richey, FL

Zip **34653**

Country **PASCO**

City & State

New Port Richey, FL

Zip **34653**

Country **PASCO**

APPROVED
AND
FILED

02 MAR 18 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

4. FEI Number

59-3318178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

SALVATORI, LEO J

4501 NORTH TAMiami TRAIL, SUITE 300

NAPLES FL 33940

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$1,843,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # **F13509**
NAME **REED DEVELOPMENT COMPANY**
STREET ADDRESS **4102-B QUIXOTE BLVD.**
CITY-ST-ZIP **TAMPA FL 33613**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

6630 Rowan Road

CITY-ST-ZIP

New Port Richey, FL 34653

STREET ADDRESS

CITY-ST-ZIP

200005173312--7

STREET ADDRESS

CITY-ST-ZIP

-03/28/02--01004--023

******526.25 ****526.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

1/8/02

Date

Daytime Phone #

0015631 AT

CR2E003 (9/01)

STAPLE CHECK HERE