

# 2001 UNIFORM BUSINESS REPORT (UBR)

0014763 AF

**DOCUMENT # A96000000290**

1. Entity Name  
**CANNOVA SECOND FAMILY LIMITED PARTNERSHIP**

**FILED**  
01 APR -9 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**BAYWAY ISLES II  
5399 61ST AVE. S.  
ST. PETERSBURG FL 33715**

Mailing Address  
**P.O. BOX 66765  
ST. PETE BEACH FL 33736-6765**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Zip Country

4. FEI Number **65-0642221**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SCIARRETTA, STEVEN A  
2300 GLADES RD.  
STE. 302E  
BOCA RATON FL 33431**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$850,000.00**

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 #	<b>CANNOVA, FRANK S BAYWAY ISLES II, 5399 61ST AVE. S. ST. PETERSBURG FL 33715</b>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>000004009450--0 -04/16/01--01015--004 ****526.25 ****526.25</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: **Frank S. Cannova** **3/30/01** **(727) 343-0631**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**Frank S. Cannova**

Date Daytime Phone #

CR2E003 (11/00)