

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000199**

1. Entity Name

R-ENTERPRISES, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -3 PM 12: 03

Principal Place of Business

2300 NW 71ST PL.  
GAINESVILLE FL 32653

Mailing Address

260 TURKEY CREEK  
ALACHUA FL 32615-9343



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

ROSZEL, NORRIS C  
260 TURKEY CREEK  
ALACHUA FL 32615

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. Capital Contributions  
as Shown on record.

\$242,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000006321**  
NAME **NOR OF NORTH FLORIDA, INC.**  
STREET ADDRESS **260 TURKEY CREEK**  
CITY - ST - ZIP **ALACHUA FL 32615**

STREET ADDRESS

CITY - ST - ZIP

ny 315100

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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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)