LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL 19 AM 9:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # P 97000000813

1. Entity Name

RITZ CLUB LTD.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
711 3RD AVENUE SOUTH	711 3RD AVE. SOUTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
ST. PETE, FLA	ST. PETE, FLA
Zip: 33701 Country: U.S.A.	Zip: 33701 Country: U.S.A.

DUE BY MAY 1

4. FEI Number: 59-3438815 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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 _____ DATE

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
200.00		

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 #	P 99000025218	STREET ADDRESS	
NAME	OH SHOOT INC	CITY-ST-ZIP	
STREET ADDRESS	711 3RD AVE. SOUTH		600006630906--7
CITY-ST-ZIP	ST. PETE FL. 33701		-07/25/02--01005--005
DOCUMENT #		STREET ADDRESS	****150.00 ****150.00
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			IN THIS SPACE
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STAPLE CHECK HERE

CR2E003B (12/01)

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: _____ GEORGE A SCRIBANO FOR OH SHOOT 7/17/02 727-455-3888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #