

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000982**

1. Entity Name

RI PANAMA CITY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 16 AM 10:02

Principal Place of Business

**5401 SOUTH KIRKMAN ROAD, SUITE 515
ORLANDO FL 32819**

Mailing Address

**5401 SOUTH KIRKMAN ROAD, SUITE 515
ORLANDO FL 32819**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4305 Vineland Rd

3. Mailing Address

4305 Vineland Rd

Suite, Apt. #, etc.

G 15 A

Suite, Apt. #, etc.

G 15 A

City & State

Orlando FL

City & State

Orlando

4. FEI Number

59-3446049

Applied For

Not Applicable

Zip

Country

32811

Zip

Country

32811

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

DOWNING, GRANT T

222 WEST COMSTOCK AVENUE, SUITE 101

WINTER PARK FL 32789

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$7,500.00

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 # **P97000039469**
NAME **RI PANAMA CITY, INC.**
STREET ADDRESS **5401 SOUTH KIRKMAN ROAD, SUITE 515**
CITY-ST-ZIP **ORLANDO FL 32819**

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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

8/10/00
Date

407 333 2258
Daytime Phone #

CR2E003 (5/00)