

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000982**

1. Entity Name

RI PANAMA CITY, LTD.

Principal Place of Business

**4305 VINELAND RD., G-15A
ORLANDO FL 32811**

Mailing Address

**4305 VINELAND RD., G-15A
ORLANDO FL 32811**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

4307 VINELAND RD - H-12

Suite, Apt. #, etc.

4307 VINELAND RD - H-12

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32811

Country

Zip

32811

Country

4. FEI Number

59-3446049

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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**

STREET ADDRESS **4307 VINELAND Rd, H-12**
CITY-ST-ZIP **ORLANDO, FL. 32811**

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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
ROBERT C. ROBERT

2/12/01 **212-949-5000**
Date Daytime Phone #

CR2E003 (11/00)

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FILED
01 MAR 21 AM 10:52
SECRETARY OF STATE
TALLAHASSEE