

# 2200 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001324

1. Entity Name

RAO FAMILY PARTNERSHIP, LTD.

Principal Place of Business

ATTN: MARIA W. RAO C/O RAO FAMILY PART.  
503 VERONA STREET  
KISSIMMEE FL 34741

Mailing Address

ATTN: MARIA W. RAO C/O RAO FAMILY PART.  
503 VERONA STREET  
KISSIMMEE FL 34741-5114

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 17 PM 1:25



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1710 Peach Street

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

4. FEI Number

59-7074207

Applied For

Not Applicable

Zip

Country

34746

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

HARP, HARRY E CPA

% CUTHILL & EDDY LLP

1031 W. MORSE BLVD. SUITE 200

WINTER PARK FL 32789-3750

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.

\$990,000.00

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 # P97000041769  
NAME RAO HOLDINGS, INC.  
STREET ADDRESS 503 VERONA STREET  
CITY - ST - ZIP KISSIMMEE FL 34741

STREET ADDRESS

1710 Peach St.

CITY - ST - ZIP

Kissimmee, FL 34746

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #