

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

001042 A

DOCUMENT # A97000001377

1. Entity Name

DRA LIMITED PARTNERSHIP II

00 APR -5 PM 12: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mf 4/19

Principal Place of Business

801 12TH AVENUE SOUTH, SUITE 300  
NAPLES FL 33940

Mailing Address

801 12TH AVENUE SOUTH, SUITE 300  
NAPLES FL 34102-7336



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3452962

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

DEPASQUALE, VINCENT J  
801 12TH AVENUE SOUTH, SUITE 300  
NAPLES FL 33940

## 7. Name and Address of New 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

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.

\$900.00

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

DOCUMENT # A93000000750  
NAME DEPASQUALE FAMILY LIMITED PARTNERSHIP  
STREET ADDRESS 801 12TH AVENUE SOUTH, SUITE 300  
CITY - ST - ZIP NAPLES FL 33940

DOCUMENT #  
NAME SCHRYVER, KENNEY H  
STREET ADDRESS 801 12TH AVENUE SOUTH, SUITE 300  
CITY - ST - ZIP NAPLES FL 33940

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
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STREET ADDRESS  
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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

200003219312-8

04/24/00-01007-021

\*\*\*\*150.00 \*\*\*\*150.00

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

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~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)