

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A 97000001377**

1. Entity Name

**DRA Limited Partnership II**

FILED

02 JUN 24 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**801 12TH Ave S.**

3. Mailing Address

**801 12TH Ave. South**

Suite, Apt. #, etc.

**Suite 300**

Suite, Apt. #, etc.

**Suite 300**

City & State

**Naples, FL**

City & State

**Naples, FL**

Zip

**34102**

Country

**USA**

Zip

**34102**

Country

**USA**

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

4. FEI Number

**59-3452962**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name **Vin Delasquale**

Street Address (P.O. Box Number Not Acceptable)

**801 12TH Ave South**

**Suite 300**

City **Naples**

**FL**

Zip Code

**34102**

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

9. Capital Contributions  
as Shown on record.

**900 -**

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 # **A 93000000750**  
NAME **Delasquale Family LP**  
STREET ADDRESS **801 12TH Ave South Suite 300**  
CITY-ST-ZIP **Naples, FL 34102**

STREET ADDRESS

CITY-ST-ZIP

**500006068845--9**

DOCUMENT # **G17530**  
NAME **Schnygen Family LP**  
STREET ADDRESS **801 12TH Ave South Suite 300**  
CITY-ST-ZIP **Naples, FL 34102**

STREET ADDRESS

CITY-ST-ZIP

**-05/27/02--01064--001  
\*\*\*\*141.25 \*\*\*\*141.25**

DOCUMENT # **G17530**  
NAME **Doch Restaurant Associates Inc.**  
STREET ADDRESS **801 12TH Ave South Suite 300**  
CITY-ST-ZIP **Naples, FL 34102**

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

DOCUMENT #  
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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:

**Vin Delasquale**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003B (12/01)