

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002269**

1. Entity Name  
**R.I. BOWIE FAMILY PARTNERSHIP, LTD.**



Principal Place of Business  
**66 LIMA STREET  
PORT CHARLOTTE FL 33983**

Mailing Address  
**66 LIMA STREET  
PORT CHARLOTTE FL 33983**

**FILED**

**03 APR 18 PM 1:53**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

4. FEI Number **65-0778369**

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

**BOWIE, RONALD I  
66 LIMA STREET  
PORT CHARLOTTE FL 33983**

Name

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

**000016235450**

**04/18/03--01018--015 \*\*141.25**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$100.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 #	<b>BOWIE, RONALD I</b>	STREET ADDRESS	
NAME	<b>66 LIMA STREET</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>PORT CHARLOTTE FL 33983</b>		
CITY-ST-ZIP			
DOCUMENT #	<b>BOWIE, CLAIRE C</b>	STREET ADDRESS	
NAME	<b>66 LIMA STREET</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>PORT CHARLOTTE FL 33983</b>		
CITY-ST-ZIP			
DOCUMENT #		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:

**RONALD I. BOWIE**

**4-13-03**

**941-743-6997**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

001517 AT