

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000204**

1. Entity Name  
**RSG FAMILY LIMITED PARTNERSHIP - VOGUE**

FILED

00 FEB 10 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**850 SOUTH COLLIER BLVD., #1701  
MARCO ISLAND FL 33937**

Mailing Address  
**P.O. BOX 1550  
MARCO ISLAND FL 34146-1550**

2. Principal Place of Business  
**P.O. Box 1550**

Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**MARCO ISLAND FL**

City & State

Zip  
**34146** Country  
**USA**

Zip Country

4. FEI Number  
**59-3490868**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GLAS, RONALD L  
850 SOUTH COLLIER BLVD., #1701  
MARCO ISLAND FL 33937**

7. Name and Address of New Registered Agent  
Name  
**GLAS, RONALD L**  
Street Address (P.O. Box Number is Not Acceptable)  
**402 11th STREET NORTH**  
City  
**NAPLES** FL Zip Code  
**34102**

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 **RONALD L. GLAS** DATE **1/5/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$1,000.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P95000043260 BARFIELD BAY PROPERTIES, INC. 850 SOUTH COLLIER BLVD., #1701 MARCO ISLAND FL 33937</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>P.O. Box 1550</b>
CITY - ST - ZIP	<b>MARCO ISLAND, FL 34146</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>300003153403-2</b> <b>-03/01/00--01094--016</b> <b>****141.25 ****141.25</b>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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 L. GLAS** DATE **1/5/00** 941 642 3953  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CR2E003 (9/99)