

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000366**

1. Entity Name

**R & S DEFERRARI FAMILY LIMITED PARTNERSHIP**

FILED

02 MAR 26 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

**305 ORANGE ST.  
OZONA FL 34660**

**P.O. BOX 6688  
OZONA FL 34660**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-7115734**

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

**GORDON, BRUCE H  
C/O SHUMAKER, LOOP & KENDRICK, LLP  
101 EAST KENNEDY BLVD., SUITE 2800  
TAMPA FL 33602**

Name **Betsy Gilbert**

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

**305 Orange St**

City **Palm Harbor**

**FL**

Zip Code **34683**

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

*Betsy Gilbert*

**3/14/02**

DATE

9. Capital Contributions  
as Shown on record.

**\$998,400.00**

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 # **P98000012340**  
NAME **R & S DEFERRARI MANAGEMENT, INC.**  
STREET ADDRESS **305 ORANGE ST.**  
CITY-ST-ZIP **OZONA FL 34660**

STREET ADDRESS

CITY-ST-ZIP

**100005180921--7**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**-04/02/02--01001--013  
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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:

*Rocco H. Deferrari*

**3/14/02**

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE