

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013785 AT

DOCUMENT # A98000000466

1. Entity Name
RASHKIN FAMILY LIMITED PARTNERSHIP II



FILED

03 APR 30 AM 11:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
4730 NORTH HABANA AVENUE, SUITE 303
TAMPA FL 33614

Mailing Address
P.O. BOX 15837
TAMPA FL 33684-5837



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-3258482

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RASHKIN, JOSEPH C

4730 NORTH HABANA AVENUE, SUITE 303

TAMPA FL 33614

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. 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.

\$184,000.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
RASHKIN, JOSEPH C
4730 NORTH HABANA AVENUE, SUITE 303
TAMPA FL 33614

STREET ADDRESS
CITY-ST-ZIP
04/30/03--01080--025 **526.25

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
600017591376
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/02/03

Date: 4/02/03 Phone: 332 9412

CR2E003 (10/02)