

2001 UNIFORM BUSINESS REPORT (UBR)

0014823 AF

DOCUMENT # A98000000694

1. Entity Name

R.S.L. FAMILY LIMITED PARTNERSHIP

FILED

01 MAY -1 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

829 - B EAST GULF BLVD
INDIAN ROCKS BEACH FL 34635

Mailing Address

829 - B EAST GULF BLVD
INDIAN ROCKS BEACH FL 34635

2. Principal Place of Business

533 S. HOWARD AVE

Suite, Apt. #, etc.
PMB # 853

City & State
TAMPA, FL

Zip
33606

Country
USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONARD, RIVERSON S JR
829 - B EAST GULF BLVD
INDIAN ROCKS BEACH FL 34635

7. Name and Address of New Registered Agent

Name RIVERSON S. LEONARD

Street Address (P.O. Box Number is Not Acceptable)
533 S. HOWARD AVE

PMB # 853

City TAMPA, FL

Zip Code 33606

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 RIVERSON S. LEONARD

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

(NOTE: Registered Agent signature required when reinstating)

4/20/01

DATE

9. Capital Contributions
as Shown on record.

\$900.00

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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME LEONARD, RIVERSON S JR
STREET ADDRESS 829-B EAST GULF BLVD
CITY-ST-ZIP INDIAN ROCKS BEACH FL 34635

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 533 S. HOWARD AVE, PMB # 853
CITY-ST-ZIP TAMPA, FL 33606

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 800004275318--B
CITY-ST-ZIP -05/22/01--01009--014
****150.00 ****150.00

STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)