

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018149 AF

DOCUMENT # **A98000000973**

1. Entity Name

**R & S DEFERRARI FAMILY LIMITED PARTNERSHIP II**

Principal Place of Business

121 HARBOR DRIVE  
PALM HARBOR FL 34683

Mailing Address

P.O. BOX 6688  
OZONA FL 34660

FILED

01 MAR 26 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

305 Orange St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ozona, FL

City & State

Zip

34660

Country

Zip

Country

4. FEI Number

59-3514847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$10,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

10,000.00

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 **121 HARBOR DRIVE**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

STREET ADDRESS **305 Orange St.**  
CITY-ST-ZIP **Ozona, FL 34660**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS **500003931895--6**  
CITY-ST-ZIP **-03/30/01-01079-017**  
**\*\*\*\*\*17.50 \*\*\*\*\*17.50**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS **500003931895--6**  
CITY-ST-ZIP **-03/30/01-01079-018**  
**\*\*\*\*\*141.25 \*\*\*\*\*141.25**

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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 of General Partner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/9/01  
Date

727-787-4119  
Daytime Phone #

CR2E003 (11/00)