

2001 UNIFORM BUSINESS REPORT (UBR)

0014428 AF

DOCUMENT # **A98000000975**

1. Entity Name

R & D DEFERRARI FAMILY LIMITED PARTNERSHIP II

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

121 HARBOR DRIVE
PALM HARBOR FL 34683

Mailing Address

121 HARBOR DRIVE
PALM HARBOR FL 34683

2. Principal Place of Business

305 Orange St.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6688
Suite, Apt. #, etc.

City & State

Ozona, FL

City & State

Ozona, FL

4. FEI Number

59-3514851

Applied For

Not Applicable

Zip 34660

Country

Zip 34660

Country

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.

\$1,350,000.00

10. Amount of Capital Contributions in FLORIDA to date.

1,350,000.00

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 # P98000012345
NAME R & D 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

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF FILING GENERAL PARTNER

3/16/01 727-787-4119
Date Daytime Phone #

CR2E003 (11/00)