

# 2001 UNIFORM BUSINESS REPORT (UBR)

0014428 AF

**DOCUMENT #** A98000000975  
**1. Entity Name**  
 R & D DEFERRARI FAMILY LIMITED PARTNERSHIP II

**FILED**  
 07 MAR -7 AM 11:51  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*mf*

**Principal Place of Business** 121 HARBOR DRIVE  
 PALM HARBOR FL 34683  
**Mailing Address** 121 HARBOR DRIVE  
 PALM HARBOR FL 34683



DO NOT WRITE IN THIS SPACE

**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  
**Zip** 34660 **Country**  
**Zip** 34660 **Country**

**4. FEI Number** 59-3514851  
 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.** \$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	
DOCUMENT #	P98000012345
NAME	R & D DEFERRARI MANAGEMENT, INC.
STREET ADDRESS	121 HARBOR DRIVE
CITY-ST-ZIP	PALM HARBOR FL 34683
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	305 Orange St.
CITY-ST-ZIP	Ozona, FL 34660
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING GENERAL PARTNER

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

CR2E003 (11/00)