

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

FILED

02 MAR 26 PM 3:23

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business: **305 ORANGE ST. OZONA FL 34660**  
 Mailing Address: **P.O. BOX 6688 OZONA FL 34660**

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

**DUE BY MAY 1, 2002**

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 **Betsy Gilbert**  
 Street Address (P.O. Box Number is Not Acceptable)  
**305 Orange Street**  
 City **Palm Harbor FL** Zip Code **34683**

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 *Betsy Gilbert* DATE **3/14/02**  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,350,000.00** | 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 the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION |   | 13. ADDRESS CHANGES ONLY |                              |
|---------------------------------|---|--------------------------|------------------------------|
| DOCUMENT #                      | <b>P98000012345</b>                         | STREET ADDRESS           |                              |
| NAME                            | <b>R &amp; D DEFERRARI MANAGEMENT, INC.</b> | CITY-ST-ZIP              | <b>300005180923--1</b>       |
| STREET ADDRESS                  | <b>305 ORANGE ST.</b>                       |                          | <b>-04/02/02--01001--014</b> |
| CITY-ST-ZIP                     | <b>OZONA FL 34660</b>                       |                          | <b>****526.25 ****526.25</b> |
| DOCUMENT #                      |   | STREET ADDRESS           |                              |
| NAME                            |   | CITY-ST-ZIP              |                              |
| STREET ADDRESS                  |   |                          |                              |
| CITY-ST-ZIP                     |   |                          |                              |
| DOCUMENT #                      |   | STREET ADDRESS           |                              |
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| STREET ADDRESS                  |   |                          |                              |
| CITY-ST-ZIP                     |   |                          |                              |
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| STREET ADDRESS                  |   |                          |                              |
| CITY-ST-ZIP                     |   |                          |                              |
| DOCUMENT #                      |   | STREET ADDRESS           |                              |
| NAME                            |   | 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]* DATE **3/14/02**

STAPLE CHECK HERE