

# 2000 UNIFORM BUSINESS REPORT (UBR)

0002774 JF

**DOCUMENT # A98000002182**

1. Entity Name  
**RIDAN OF CLEARWATER, LTD.**

**FILED**  
**00 SEP -5 AM 9:18**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business      Mailing Address

**860 PINELLAS BAYWAY SOUTH**      **860 PINELLAS BAYWAY SOUTH**  
**TIERRA VERDE FL 33715**      **TIERRA VERDE FL 33715**



2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3646109**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BARNES, ROBERT L**  
**2655 MCCORMICK DRIVE**  
**CLEARWATER FL 33759**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**200003384282-2**  
**-09/06/00** **FD1105** **004**  
**\*\*\*541.25** **\*\*\*541.25**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$800,000.00**      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>DORICH, NICHOLAS</b> <b>860 PINELLAS BAYWAY SOUTH</b> <b>TIERRA VERDE FL 33715</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

*Handwritten notes:*  
452.50 LP  
88.75 Adm  
\$ 526.25 AR  
\$ 15.00 - overpay

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]* **8-700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (5/00)