

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002376**

1. Entity Name

**REGER RAI, LTD.**

Principal Place of Business

**C/O HOLLAND & KNIGHT LLP  
ONE EAST BROWARD BLVD., #1300  
FORT LAUDERDALE FL 33301**

Mailing Address

**C/O HOLLAND & KNIGHT LLP  
ONE EAST BROWARD BLVD., #1300  
FORT LAUDERDALE FL 33301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY SEPTEMBER 26, 2001**

4. FEI Number **65-0881217**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHWARTZ, SUZANNE W ESQ.  
C/O HOLLAND & KNIGHT LLP  
ONE EAST BROWARD BLVD., #1300  
FORT LAUDERDALE FL 33301**

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

*Suzanne W. Schwartz, President, Reger Raia, Inc.*

Signature, type 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.

**\$274,955.63**

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 # **P98000086943**  
NAME **REGER RAI, INC.**  
STREET ADDRESS **ONE EAST BROWARD BLVD., #1300**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

STREET ADDRESS

CITY-ST-ZIP

**200004560122--4**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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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 SIGNING GENERAL PARTNER

Date

Daytime Phone #

**FILED**

**01 AUG 22 PM 12:17**

**SECRETARY OF STATE**



CR2E003 (5/01)

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