

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000336

1. Entity Name

RSG FAMILY LIMITED PARTNERSHIP - PLAZA ARMS

FILED

00 FEB 10 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P.O. BOX 1550
MARCO ISLAND FL 34146

Mailing Address

P.O. BOX 1550
MARCO ISLAND FL 34146-1550

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59 356 4321

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLAS, RONALD L
850 SOUTH COLLIER BLVD., #1701
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name GLAS RONALD L.

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

402 11th Street N.

City Naples

FL

Zip Code

34102

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.

RONALD L. GLAS

1/5/00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

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

DOCUMENT # P98000069907
NAME BARFIELD BAY HOLDINGS, INC.
STREET ADDRESS P.O. BOX 1550
CITY - ST - ZIP MARCO ISLAND FL 34146

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

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02/25/00 01091-013

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/5/00

941 642 3953

CP2E003 (9/99)