2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000567

1. Entity Name
THE PAVER FAMILY LIMITED PARTNERSHIP II

FILED
03 JAN -9 PM 12: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4370 S. TAMIAMI TRAIL
#242
SARASOTA FL 34239

Mailing Address
4370 S. TAMIAMI TRAIL
#242
SARASOTA FL 34239

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DUE BY MAY 1, 2003

4. FEI Number 65-0909314 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PAVER, PAUL L
4370 S. TAMIAMI TRAIL
SARASOTA FL 34239

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $950,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 #		STREET ADDRESS	100003921751 01/09/03--01053--015 **526.25
NAME	PAVER, PAUL L	CITY-ST-ZIP	
STREET ADDRESS	4370 TAMIAMI TRAIL		
CITY-ST-ZIP	SARASOTA FL 34239		
DOCUMENT #		STREET ADDRESS	
NAME	PAVER, DORIS M	CITY-ST-ZIP	
STREET ADDRESS	4370 TAMIAMI TRAIL		
CITY-ST-ZIP	SARASOTA FL 34239		
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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 SIGNING GENERAL PARTNER

1/6/03
Date

922-3516
Daytime Phone #

CR2E003 (10/02)

001583 A1