

2000 UNIFORM BUSINESS REPORT (UBR)

001411 1

DOCUMENT # **A99000000719** 7411-2/ND

1. Entity Name
THE BAND FAMILY PARTNERSHIP II, LTD.

Principal Place of Business
**240 SOUTH PINAPPLE AVE., 10TH FLOOR
SARASOTA FL 34236**

Mailing Address
**C/O DAVID S. BAND
P.O. BOX 49948
SARASOTA FL 34230-6948**

FILED
00 MAY -1 PM 4: 58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

4. FEI Number
65-0917328

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**BAND, DAVID S
240 SOUTH PINAPPLE AVE., 10TH FLOOR
SARASOTA FL 34236**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. **\$145,777.00**

10. Amount of Capital Contributions in FLORIDA to date. **0.00**

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 #	615740	
NAME	DSB, INC.	
STREET ADDRESS	240 SOUTH PINAPPLE AVE., 10TH FLOOR	
CITY - ST - ZIP	SARASOTA FL 34236	
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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STREET ADDRESS		
CITY - ST - ZIP		

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	400003247624--0
CITY - ST - ZIP	-05/11/00--01015--021
	****526.25 ****526.25
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
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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: **4/19/00 (941) 366-6660**

David S. Band, as Director of the Band Family Partnership II, Ltd. Date Daytime Phone #

CR2E003 (9/99)