

# 2001 UNIFORM BUSINESS REPORT (UBR)

0011217 AF

DOCUMENT # **A99000000719**

1. Entity Name

**THE BAND FAMILY PARTNERSHIP II, LTD.**

APPROVED  
AND  
FILED

01 MAY -2 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 34236**



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

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

DO NOT WRITE IN THIS SPACE

City & State  
Zip Country

City & State  
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**

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

**BAND, DAVID S  
240 SOUTH PINAPPLE AVE., 10TH FLOOR  
SARASOTA FL 34236**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,000.00**

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**

**13. ADDRESS CHANGES ONLY**

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

STREET ADDRESS **500004288785--6**  
CITY-ST-ZIP **-05/23/01--01011--020  
\*\*\*\*171.25 \*\*\*\*171.25**

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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

David S. Band, as Director of  
The Band Family Partnership II, Ltd.  
General Partner  
4/16/01 (941) 366-6660  
Daytime Phone #

CR2E003 (11/00)