

2002 UNIFORM BUSINESS REPORT (UBR)

0015180 AT

DOCUMENT # **A99000000859**

1. Entity Name

ROSKBOUGH ENTERPRISES LTD.

FILED

2002 APR 29 AM 10:55

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



| | |
|--|--|
| Principal Place of Business 7300 ROSBOUGH WAY IMMOKALEE FL 34142 | Mailing Address P.O. BOX 3206 IMMOKALEE FL 34143 |
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number **59-3578307** 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

**HELLINGER, ANDREW B ESQ.
MISHAN, SLOTO, GREENBERG, HELLINGER & UDOL
200 S. BISCAYNE BLVD., SUITE 2350
MIAMI FL 33131**

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

DATE _____

9. Capital Contributions as Shown on record. **\$7,000,000.00**

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

13. ADDRESS CHANGES ONLY

| | | | |
|---|---|----------------|-----------------------------|
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | L99000002731 ROSBOUGH FAMILY ENTERPRISES, LLC 7300 ROSBOUGH WAY IMMOKALEE FL 34142 | STREET ADDRESS | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | 400005502374--7 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | 05/10/02--01033--019 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | ***526.25 ***526.25 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
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| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |

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: *Daniel G. Rosbough* **Daniel G. Rosbough** 4-26-02 941 657 2241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)