

2001 UNIFORM BUSINESS REPORT (UBR)

0010836 AF

DOCUMENT # **A99000001586**

1. Entity Name

RAFFINATI, LTD.

FILED

01 MAY 11 PM 12:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**801 LAUREL OAK DRIVE, SUITE 710
NAPLES FL 34108**

Mailing Address

**801 LAUREL OAK DRIVE, SUITE 710
NAPLES FL 34108**

2. Principal Place of Business

3200 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 200

City & State

Naples, FL

3. Mailing Address

3200 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 200

City & State

Naples, FL

4. FEI Number

59-3606000

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

Zip

Country

34103

Zip

Country

34103

6. Name and Address of Current Registered Agent

WOODWARD, MARK J

**801 LAUREL OAK DRIVE, SUITE 710
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name

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

3200 Tamiami Trail N., Suite 200

City

Naples

FL

Zip Code

34103

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$900.00

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 # **P99000085788**
NAME **RAFINATTI, INC.**
STREET ADDRESS **801 LAUREL OAK DRIVE, SUITE 710**
CITY-ST-ZIP **NAPLES FL 34108**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **3200 Tamiami Trail N., Suite 200**
CITY-ST-ZIP **Naples, FL 34103**

DOCUMENT #
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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

Aubrey J. Ferrao, Authorized Agent

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/25/01

941-732-9400

CR2E003 (11/00)