

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9900002053

1. Entity Name

LERIVAP LIMITED PARTNERSHIP

FILED

00 MAY 15 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

800 LAUREL OAK DR.  
SUITE 600  
NAPLES, FL 34108

Mailing Address

800 LAUREL OAK DR.  
SUITE 600  
NAPLES, FL 34108

2. Principal Place of Business

800 LAUREL OAK DR.  
Suite, Apt. #, etc.  
600

3. Mailing Address

800 LAUREL OAK DR.  
Suite, Apt. #, etc.  
600

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

59-3613533

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip  
34108

Country  
US

Zip  
34108

Country  
US

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

Name: ~~MAN~~ HANS LEVY

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

800 LAUREL OAK DR.

SUITE 600

City NAPLES

FL

Zip Code 34108

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.

\$20.00

10. Amount of Capital Contributions in FLORIDA to date.

\$0

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 # P9900104519  
NAME LERIVAP, INC.  
STREET ADDRESS 800 LAUREL OAK DR., SUITE 600  
CITY-ST-ZIP NAPLES, FL 34108

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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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: LINDA LEVIN, PRES. Linda Levin 4/21/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

941.497.9300

CR2E003 (9/99)