

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000002053**

1. Entity Name

LERIVAP LIMITED PARTNERSHIP

Principal Place of Business

**800 LAUREL OAK DRIVE
STE 600
NAPLES FL 34108**

Mailing Address

**800 LAUREL OAK DRIVE
STE 600
NAPLES FL 34108**

2. Principal Place of Business

4968 Tamiami Trail No.

Suite, Apt. #, etc.

3. Mailing Address

4968 Tamiami Trail No.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

Country

34103

Zip

34103

Country

4. FEI Number

59-3613533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LEVY, HANS

**800 LAUREL OAK DRIVE
STE 600
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name

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

4968 Tamiami Trail No.

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

Hans Levy

4/30/01

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.

\$250,000.00

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

DOCUMENT # **P99000104519**
NAME **LERIVAP INC.**
STREET ADDRESS **800 LAUREL OAK DRIVE, STE 600**
CITY-ST-ZIP **NAPLES FL**

DOCUMENT #
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS *4968 Tamiami Trail No.*

CITY-ST-ZIP *Naples, FL 34103*

STREET ADDRESS

CITY-ST-ZIP

700004423777--7

-06/18/01--01022--001

******526.25 ****526.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

LERIVAP, INC., GENERAL PARTNER
Signature of General Partner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/01

Date

991/430-7876

Daytime Phone #

0010828 AF

CR2E003 (11/00)

FILED

01 JUN 12 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE