

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002092

1. Entity Name

RSG FAMILY LIMITED PARTNERSHIP - NORTON

Principal Place of Business

Mailing Address

2. Principal Place of Business

1450 S. GREENWOOD

3. Mailing Address

P.O. Box 1550

Suite, Apt. #, etc.

LEASING OFFICE

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

MARCO ISLAND FL

Zip

34616

Country

USA

Zip

34146

Country

USA

4. FEI Number

59-3625399

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

00 MAR 14 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

RONALD L. GLAS

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

402 11TH ST NORTH

City

NAPLES

FL

Zip Code

34102

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.

RONALD L. GLAS

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/00

9. Capital Contributions as Shown on record.

10. Amount of Capital Contributions in FLORIDA to date.

\$1,000

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 # P98000069907  
NAME BARFIELD Bay Holdings, Inc  
STREET ADDRESS P.O. Box 1550  
CITY-ST-ZIP MARCO ISLAND FL 34146

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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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

RONALD L. GLAS

PRM OF GEN PTN

Date

Daytime Phone #

2/28/00 9416423953

CR2E003 (9/99)