

# 2001 UNIFORM BUSINESS REPORT (UBR)

0020741 SP

DOCUMENT # B93000000248

1. Entity Name

RAYMAN ASSOCIATES ORLANDO LIMITED PARTNERSHIP

FILED

Principal Place of Business

47 W. 210 ROUTE 30  
BIG ROCK IL 60511

Mailing Address

47 W. 210 ROUTE 30  
BIG ROCK IL 60511

01 JAN 29 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3888978

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEMS, INC  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$5,600.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$5,600

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 RAYMAN, EVAN M  
STREET ADDRESS 3884 CADELLA CIRCLE  
CITY-ST-ZIP NAPERVILLE IL 60564

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT # 833152  
NAME EXECUTIVE AFFILIATES, INC.  
STREET ADDRESS BIG ROCK EXECUTIVE CTR., ROUTE 30  
CITY-ST-ZIP BIG ROCK IL 60511

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

ASST SECY FOR TITLE CORP  
1-22-2001

CR2E003 (11/00)