

# 2001 UNIFORM BUSINESS REPORT (UBR)

0020173 AB

DOCUMENT # **B93000000390**

1. Entity Name

**ROVAL PROPERTIES LIMITED PARTNERSHIP**

FILED

01 APR 16 PM 4:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**FILED**

Principal Place of Business

**3499 BLAZER PARKWAY  
LEXINGTON KY 40509**

Mailing Address

**P.O. BOX 14000  
LEXINGTON KY 40512**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**61-1246588**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

**\$532,397.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**559,245**

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 # **P28845**  
NAME **FUNDING CORP. I**  
STREET ADDRESS **500 DIEDERICH BLVD.**  
CITY-ST-ZIP **RUSSELL KY 41169**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

**500 Diederich Blvd.**

CITY-ST-ZIP

**9000004064553--1**

STREET ADDRESS

**-04/24/01 --01096--006**

CITY-ST-ZIP

**\*\*\*\*714 19 \*\*\*\*526.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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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:

*Richard A. Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/10/2001

Date

(859)357-7484

Daytime Phone #

Funding Corp I -General Partner  
Richard A Jones

CR2E003 (11/00)