

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B95000000028

1. Entity Name

RER RECOVERY LIMITED PARTNERSHIP

Principal Place of Business

950 HERNDON PKWY.
STE. 200
HERNDON VA 20170

Mailing Address

950 HERNDON PKWY.
STE. 200
HERNDON VA 20170-5537

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1752366

Applied For

Not Applicable

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

GELLMAN, ROBERT A
927 CLINT MOORE ROAD
BOCA RATON FL 33487

Name
Cynthia A. Tessier

Street Address (P.O. Box Number is Not Acceptable)
12016 NW 27 Drive

City
Coral Springs

FL

Zip Code
33065

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 Cynthia A. Tessier

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.

\$990.00

10. Amount of Capital Contributions
in FLORIDA to date.

0.00

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 # F95000000385
NAME CK RECOVERY, INC.
STREET ADDRESS 950 HERNDON PKWY., STE. 200
CITY - ST - ZIP HERNDON VA 22070

STREET ADDRESS

CITY - ST - ZIP

20170

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

Cynthia A. Tessier REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/22/00

Date

703/742-6789

Daytime Phone #

CR2E003 (9/99)