

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001152

Entity Name

STRASKIDZ FAMILY LIMITED PARTNERSHIP

FILED

01 MAY 29 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

RMJM

Principal Place of Business
**2105 N. PARK AVENUE
WINTER PARK FL 32789**

Mailing Address
**2105 N. PARK AVENUE
WINTER PARK FL 32789**

2. Principal Place of Business
1346 Ridgewood Avenue

3. Mailing Address
PO Box 2150

Suite, Apt. #, etc.

City & State
Winter Park, Florida

City & State
Winter Park, Florida

4. FEI Number
59-3670675

Applied For
 Not Applicable

Zip Country Zip Country
32789 USA 32790 USA

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

**STRASBERG, LESLIE S
2105 N. PARK AVENUE
WINTER PARK FL 32789**

Name
Street Address (P.O. Box Number is Not Acceptable)
1346 Ridgewood Avenue
City **Winter Park** FL Zip Code **32789**

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. **\$2,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$2,000.00**

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 # **P99000040680**
NAME **THE JORDAN COMPANIES, INC.**
STREET ADDRESS **2105 N. PARK AVENUE**
CITY-ST-ZIP **WINTER PARK FL 32789**

STREET ADDRESS **1346 Ridgewood Avenue**
CITY-ST-ZIP **Winter Park, Florida 32789**

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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

Date

Daytime Phone #

4/25/01 (407) 629-7371

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CR2E003 (11/00)