

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001264

1. Entity Name
SILVERSTEIN FAMILY LIMITED PARTNERSHIP



FILED

03 JAN 13 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1961 FLOYD STREET, SUITE A
SARASOTA FL 34239

Mailing Address
1961 FLOYD STREET, SUITE A
SARASOTA FL 34239

2. Principal Place of Business
1901 Floyd St
Suite, Apt. #, etc.

3. Mailing Address
1901 Floyd St
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Sarasota, FL
Zip
34239
Country
USA

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Sarasota, FL
Zip
34239
Country
USA

4. FEI Number 65-0768440

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILVERSTEIN, HERBERT
1961 FLOYD STREET, SUITE A
SARASOTA FL 34239

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$1,041,250.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # P97000047241
NAME H.S. FINANCIAL, INC.
STREET ADDRESS 1961 FLOYD STREET, SUITE A
CITY-ST-ZIP SARASOTA FL 34239

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CITY-ST-ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 220, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/9/03 941-366-9222

CR2E003 (10/02)