

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

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

Suite, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE

RECEIVED

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

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

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 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0001508 AF

CR2E003 (11/00)

4/25/01 (407)
629-7371