

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A18861

1. Entity Name

ROOSEVELT ASSOCIATES, LTD.

Principal Place of Business

1 STOW ROAD  
MARLTON NJ 08053

Mailing Address

1 EAST STOW ROAD  
P.O. BOX 994  
MARLTON NJ 08053-0994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2577184

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOND, GUY  
1800 FLORIDA NATIONAL TOWER  
225 WATER ST.  
JACKSONVILLE FL 32202

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

\$1,482,010.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
LEVITT, MICHAEL J  
1 STOW RD  
MARLTON NJ

STREET ADDRESS  
CITY - ST - ZIP  
300003178163--3  
03/21/00 01092-014  
\*\*\*\*\*526.25 \*\*\*\*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
BARNES, HERBERT  
1352 EASTON RD  
WARRINGTON PA

STREET ADDRESS  
CITY - ST - ZIP  
ny 3/20/00

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
LEVINE, LEE A  
3030 ATLANTIC AVE  
ATLANTIC CITY NJ

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
STALLER, ALAN C  
3030 ATLANTIC AVE  
ATLANTIC CITY NJ

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SKLAR, ARTHUR E  
3030 ATLANTIC AVE  
ATLANTIC CITY NJ

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CHAN, PAUL T  
3030 ATLANTIC AVE  
ATLANTIC CITY NJ

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -7 PM 12:36



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)