

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A18861**

1. Entity Name

ROOSEVELT ASSOCIATES, LTD.

FILED

02 MAR 15 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1 EAST STOW ROAD
MARLTON NJ 08053

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

22-2577184

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

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

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.

DATE

9. Capital Contributions
as Shown on record.

\$1,482,010.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,482,010

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

500005145975--3

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

BARNES, HERBERT
1352 EASTON RD
WARRINGTON PA

STREET ADDRESS
CITY-ST-ZIP

-03/22/02--01035--027
*******526.25 *****526.25**

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

3/6/02

Date

(856) 596-3008

Daytime Phone #

CR2E003 (9/01)