

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017537 AF

DOCUMENT # **A24034**

1. Entity Name  
**ROSS FAMILY VENTURES, LTD.**

**FILED**

**01 MAR 12 AM 11:23**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

*[Handwritten signature]*

Principal Place of Business  
**% SCHULMAN  
18 PINE TREE DR.  
GREAT NECK NY 11024**

Mailing Address  
**% SCHULMAN  
18 PINE TREE DR.  
GREAT NECK NY 11024**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3408068**

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  
**ROSS, BARBARA  
C/O WYNN 8818 FROUDE AVE  
SURFSIDE FL 33154**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$5,597,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **363510**

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 #	NAME	STREET ADDRESS
	ROSS, BARBARA	C/O WYNN 8818 FROUDE AVE
		SURFSIDE FL 33154
DOCUMENT #	NAME	STREET ADDRESS
DOCUMENT #	NAME	STREET ADDRESS
DOCUMENT #	NAME	STREET ADDRESS
DOCUMENT #	NAME	STREET ADDRESS
DOCUMENT #	NAME	STREET ADDRESS

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 620, Florida Statutes

SIGNATURE: *[Handwritten Signature]* **BARBARA ROSS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/7/01 (516) 466-5752**  
Date Daytime Phone #

CR2E003 (11/00)