

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**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 13-3408068	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSS, BARBARA C/O WYNN 8818 FROUDE AVE SURFSIDE FL 33154		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
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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 #	ROSS, BARBARA C/O WYNN 8818 FROUDE AVE SURFSIDE FL 33154	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	800003853068--1
NAME		CITY-ST-ZIP	-03/14/01--01088--025
STREET ADDRESS			****526.25 ****526.25
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			

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: *Barbara Ross* **BARBARA ROSS** Date: **3/7/01** Daytime Phone #: **(516) 466-5752**

CR2E003 (11/00)