

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31577**

1. Entity Name

THE STEIN FAMILY LIMITED PARTNERSHIP, LTD.

Principal Place of Business

130 COUSLEY DR., SE
PORT CHARLOTTE FL 33952

Mailing Address

130 COUSLEY DR., SE
PORT CHARLOTTE FL 33952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

165-0263088

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

HALL, THOMAS P
3443D TAMiami TRAIL
PORT CHARLOTTE FL 33952

Name

JACOB STEIN

Street Address (P.O. Box Number is Not Acceptable)

130 Cousley Dr.

Port Charlotte, FL

City

FL

Zip Code

33952

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

Jacob Stein - JACOB STEIN (GENERAL PARTNER)

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

\$586,193.00

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

STEIN, JACOB
130 COUSLEY DR., SE
PORT CHARLOTTE FL

STREET ADDRESS

CITY-ST-ZIP

600003334956--8

-07/25/00--01050--002

******326.25 ****326.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STEIN, RUTH R
130 COUSLEY DR., SE
PORT CHARLOTTE FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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 #

CR2E003 (5/00)

0002173 AI

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 19 PM 1:25



DO NOT WRITE IN THIS SPACE