

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000630**

1. Entity Name

THE IDELSON FAMILY PARTNERSHIP, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06

Principal Place of Business

% CHARLES K. IDELSON  
12751 NEW BRITTANY BLVD., 2ND FLOOR  
FT. MYERS FL 33907

Mailing Address

% CHARLES K. IDELSON  
~~12751 NEW BRITTANY BLVD., 2ND FLOOR~~  
~~FT. MYERS FL 33907-3604~~



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 61532

Fort Myers FL

33906-1532

4. FEI Number

65-0574039

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IDELSON, SAM A  
% CHARLES K. IDELSON  
12751 NEW BRITTANY BLVD., 2ND FLOOR  
FT. MYERS FL 33907

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.

\$1,312,740.00

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  
WEINBERG, MIMI I TRUSTEE  
1251 NEW BRITTANY BLVD., 2ND FLOOR  
FT. MYERS FL 33907

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
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CITY - ST - ZIP

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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:

*Mimi Weinberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

REQUIRED

Date

Daytime Phone #

4-29-2000