# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000770

1. Entity Name

ROTH FAMILY LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 24 AM 10:02

| Principal Place of Business | Mailing Address |
|---|---|
| 17031 BOCA CLUB BOULEVARD. APT. #83A<br>BOCA RATON FL 33487<br>22 | 17031 BOCA CLUB BOULEVARD. APT. #83A<br>BOCA RATON FL 33487<br>22 |

DO NOT WRITE IN THIS SPACE

| 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 65-0605289 ☐ 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 |
|---|---|
| GLASSER, GENE K<br>% ABRAHAMS ANTON ROBBINS RESNICK & SCHNEID<br>2021 TYLER STREET<br>HOLLYWOOD FL 33020 | Name DAVID B. ROTH<br>Street Address (P.O. Box Number is Not Acceptable) 17031 BOCA CLUB BLVD # 083A<br>City BOCA RATON FL Zip Code 33487 |

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 DAVID B. ROTH — 7/10/2000

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. | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|---|
| $76,050.00 | | |

**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 # | | STREET ADDRESS | |
| NAME | ROTH, DAVID B | CITY-ST-ZIP | |
| STREET ADDRESS | 17031 BOCA CLUB BLVD., APT NO 83A | | |
| CITY-ST-ZIP | BOCA RATON FL 33487 | | |
| DOCUMENT # | | STREET ADDRESS | 200003386252--3 |
| NAME | ROTH, BEATRICE L | | -09/08/00--01027--006 |
| STREET ADDRESS | 17031 BOCA CLUB BLVD., APT NO 83A | CITY-ST-ZIP | ****558.75 ****558.75 |
| CITY-ST-ZIP | BOCA RATON FL 33487 | | |
| DOCUMENT # | | STREET ADDRESS | 200003386252--3 |
| NAME | | | -09/08/00--01027--007 |
| STREET ADDRESS | | CITY-ST-ZIP | ****376.25 ****376.25 |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | | |
| STREET ADDRESS | | CITY-ST-ZIP | |
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| NAME | | | |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |

CR2E003 (5/00)

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 — 7/10/2000 — 561-994-1998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #