

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001158

1. Entity Name

THE ROLSKY FAMILY LIMITED PARTNERSHIP

FILED

01 FEB 12 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4417 Hunting Trail  
Lake Worth, FL 33467

Mailing Address  
Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
4417 Hunting Trail

3. Mailing Address  
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Lake Worth, FL

City & State

4. FEI Number  
01-0507349

Applied For  
Not Applicable

Zip  
33467

Country

Zip

Country

5. Certificate of Status Desired **XX** **\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

Anne C. Levine  
4417 Hunting Trail  
Lake Worth, FL 33467

Name

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

City

FL

Zip Code

## 7. Name and Address of New Registered Agent

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. **\$1,979,682.50**

10. Amount of Capital Contributions  
in FLORIDA to date. **\$1,272,260.15**

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 # A96000001158  
NAME Anne C. Levine  
STREET ADDRESS 4417 Hunting Trail  
CITY-ST-ZIP Lake Worth, FL 33467

DOCUMENT # A96000001158  
NAME Paula J. Adelman  
STREET ADDRESS 338 Kenduskeag Avenue  
CITY-ST-ZIP Bangor, ME 04401

DOCUMENT # A96000001158  
NAME Susan B. Garson  
STREET ADDRESS 15 Hanscom Highway  
CITY-ST-ZIP Holden, ME 04429

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 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

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\*\*\*\*535.00 \*\*\*\*535.00

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: *Paula J. Adelman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Paula J. Adelman

Date

(207) 942-2775

Daytime Phone #

CR2E003 (11/00)