

2001 UNIFORM BUSINESS REPORT (UBR)

0018946 AB

DOCUMENT # A96000002002

1. Entity Name

STREIFF FAMILY LIMITED PARTNERSHIP

Principal Place of Business
7 CROWNHILL
CHESTERFIELD MO 63005

Mailing Address
7 CROWNHILL
CHESTERFIELD MO 63005

FILED
01 MAR 12 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

NOT APPLICABLE

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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.

\$1,000,000.00

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
STREIFF, RALPH V TRUSTEE
STREET ADDRESS
7 CROWNHILL
CITY-ST-ZIP
CHESTERFIELD MO 63005

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREIFF, VERA J TRUSTEE
STREET ADDRESS
7 CROWNHILL
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STREET ADDRESS

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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:

Ralph V. Streiff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

RALPH V. STREIFF

3/6/01 (436) 227-0457
Date Daytime Phone #

CR2E003 (11/00)