

2001 UNIFORM BUSINESS REPORT (UBR)

0010666 AF

DOCUMENT # A96000002112

1. Entity Name

GREENBERG FAMILY LIMITED PARTNERSHIP

FILED

01 MAR 12 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

400 5TH AVENUE S., SUITE 200
NAPLES FL 34102

Mailing Address

400 5TH AVENUE S., SUITE 200
NAPLES FL 34102

2. Principal Place of Business

4501 Tamiami Trail North

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

65-0710434

Applied For

Not Applicable

Zip

34103

Country

USA

Zip

34103

Country

USA

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

GREENBERG, SAMUEL

400 5TH AVE. S., STE. 200

NAPLES FL 34102

Name

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

4501 Tamiami Trail North

Suite 204

City

Naples

FL

Zip Code

34103

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.

\$855,000.00

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	STREET ADDRESS	CITY-ST-ZIP
	GREENBERG, SAMUEL	2308 GULF SHORE BLVD NORTH	NAPLES FL 34103
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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STREET ADDRESS	4501 Tamiami Trail North Suite 204
CITY-ST-ZIP	Naples, FL 34103
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Samuel J Greenberg

Date

Daytime Phone #

(941) 947-4342

CR2E003 (11/00)