

2001 UNIFORM BUSINESS REPORT (UBR)

0017122 AF

DOCUMENT # **A97000000053**

1. Entity Name

~~WEED FAMILY LIMITED PARTNERSHIP~~

Amendment was done
Cariati Family Limited Partnership

FILED

Principal Place of Business

**876 GULF PAVILLION #206
NAPLES FL 33963**

Mailing Address

**507 BROWNSTONE RIDGE
MERIDEN CT 06451**

01 FEB -5 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-6233916

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

**CARIATI, ANITA T
876 GULF PAVILLION #206
NAPLES FL 34108**

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.

\$3,325,000.00

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 **CARIATI, ANITA T**
STREET ADDRESS **876 GULF PAVILLION #206**
CITY-ST-ZIP **NAPLES FL 33963**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **DRAUSS, ELAIN C**
STREET ADDRESS **341 EDGEMARK ACRES**
CITY-ST-ZIP **MERIDEN CT 06451**

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**02/08/01 01019 020
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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:

Elaina Drauss
Elaina Drauss 1/31/01 203 237-8004
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)