

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000950**

1. Entity Name

THE SAM AND DORIS IDELSON PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 12: 06

Principal Place of Business
~~C/O SUNTRUST BANK, S.W. FLA. FNCL. CENTER~~
~~12730 NEW BRITTANY BLVD.~~
~~FORT MYERS FL 33918~~

Mailing Address
~~C/O SUNTRUST BANK, S.W. FLA. FNCL. CENTER~~
~~12730 NEW BRITTANY BLVD.~~
~~FORT MYERS FL 33907-4681~~



2. Principal Place of Business
12751 New Brittany Blvd
Suite, Apt. #, etc.
2nd Floor

3. Mailing Address
PO Box 61532
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fort Myers FL

City & State
Fort Myers FL

4. FEI Number **65-0711449**

Applied For
Not Applicable

Zip **33907** Country
Zip **33906** Country

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

6. Name and Address of Current Registered Agent
IDELSON, CHARLES K
C/O SUNTRUST BANK, S.W. FLA., FNCL. CENTER
12730 NEW BRITTANY BLVD.
FORT MYERS FL 33918

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
12751 New Brittany Blvd
2nd Floor
City **Fort Myers** **FL** Zip Code **33907**

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 **Charles K Idelson**
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. **\$500,000.00**

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 #	WEINBERG, MIMI I TRUSTEE 12751 NEW BRITTANY BLVD., 2ND FLOOR FORT MYERS FL 33907	STREET ADDRESS	
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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: **Mimi I. Weinberg**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4-28-2000** Daytime Phone #