

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001488

1. Entity Name

THE GALSTON FAMILY PARTNERSHIP, LTD.

Principal Place of Business

146 SOUTH WASHINGTON DRIVE  
SARASOTA FL 34236

Mailing Address

146 SOUTH WASHINGTON DRIVE  
SARASOTA FL 34236-1719

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

435 L'Ambiance Drive

3. Mailing Address

435 L'Ambiance Drive

Suite, Apt. #, etc.

Apt. 603

Suite, Apt. #, etc.

Apt. 603

City & State

Longboat Key, FL

City & State

Longboat Key, FL

4. FEI Number

65-0780896

Applied For

Not Applicable

Zip

34228

Country

Zip

34228

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GALSTON, REUBEN M

146 SOUTH WASHINGTON DRIVE

SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

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

435 L'Ambiance Drive, Apt. 603

City

Longboat Key

FL

Zip Code

34228

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.

\$2,300,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

2,300,000.00

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 #

NAME

STREET ADDRESS

CITY - ST - ZIP

GALSTON, REUBEN M  
146 SOUTH WASHINGTON DRIVE  
SARASOTA FL 34236

13. ADDRESS CHANGES ONLY

STREET ADDRESS

435 L'Ambiance Drive , Apt. 603

CITY - ST - ZIP

Longboat Key, FL 34228

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

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

4/14/00

Date

941-387-7228

Daytime Phone #

CR2E003 (9/99)