

2001 UNIFORM BUSINESS REPORT (UBR)

0020667 SP

DOCUMENT # **A97000001488**

1. Entity Name

THE GALSTON FAMILY PARTNERSHIP, LTD.

Principal Place of Business

**435 L'AMBIANCE DRIVE, APT.#603
LONGBOAT KEY FL 34228**

Mailing Address

**435 L'AMBIANCE DRIVE, APT.#603
LONGBOAT KEY FL 34228**

FILED

01 FEB 13 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1800 Second Street

3. Mailing Address

1800 Second Street

Suite, Apt. #, etc.

Suite 870

Suite, Apt. #, etc.

Suite 870

City & State

Sarasota, FL 34236

City & State

Sarasota, FL 34236

Zip

34236

Country

U.S.A.

Zip

34236

Country

U.S.A.

4. FEI Number

65-0780896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GALSTON, REUBEN M
435 L'AMBIANCE DRIVE, APT.#603
LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

Name

Ira S. Wiesner, Esq.

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

1800 Second Street, Suite 870

City

Sarasota

FL

Zip Code
34236

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.

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 **GALSTON, REUBEN M**
STREET ADDRESS **435 L'AMBIANCE DRIVE, APT.#603**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **1800 Second Street, Suite 870**
CITY-ST-ZIP **Sarasota, Florida 34236**

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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:

SIGNATURE OF Ira S. Wiesner, PR of the Estate of Reuben M. Galston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

(941) 365-9900

CR2E003 (11/00)