


# 2001 UNIFORM BUSINESS REPORT (UBR)

0014380 AF

**DOCUMENT # A99000000375**  
 1. Entity Name  
**THE SKLAR FAMILY LIMITED PARTNERSHIP**

**FILED**  
 01 JUN -6 PM 12:19  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business      Mailing Address  
**307 STONE BRIAR CREEK DRIVE**      **307 STONE BRIAR CREEK DRIVE**  
**VENICE FL 34292**      **VENICE FL 34292**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0937119**      **APPLIED FOR**  
 Applied For      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**SKLAR, JEFFREY**  
**307 STONE BRIAR CREEK DRIVE**  
**VENICE FL 34292**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>SKLAR, JEFFREY</b> <b>307 STONE BRIAR CREEK DRIVE</b> <b>VENICE FL 34292</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>SKLAR, RUTH S</b> <b>307 STONE BRIAR CREEK DRIVE</b> <b>VENICE FL 34292</b>
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>500004419535-7</b> <b>-06/14/01--01045--018</b> <b>***526.25 ***526.25</b>
CITY-ST-ZIP	
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: Ruth Sklar      **REQUIRED**      **RUTH SKLAR**      4-23-01      941-492-914  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (11/00)