

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A99000002091

**1. Entity Name**  
HENDLER PARTNERS, LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT -2 AM 11:02

**Principal Place of Business**  
21493 LINWOOD COURT  
BOCA RATON FL 33438

**Mailing Address**  
21493 LINWOOD COURT  
BOCA RATON FL 33438



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**4. FEI Number** ☒ Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

**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** \_\_\_\_\_  
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 \$5,655,567.00  
**10. Amount of Capital Contributions** in FLORIDA to date 5,655,567  
**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 #	HENDLER, ROBERT C	STREET ADDRESS	
NAME	21493 LINWOOD COURT	CITY-ST-ZIP	
STREET ADDRESS	BOCA RATON FL 33438		
CITY-ST-ZIP			
DOCUMENT #	HENDLER, AUTA P	STREET ADDRESS	
NAME	21493 LINWOOD COURT	CITY-ST-ZIP	
STREET ADDRESS	BOCA RATON FL 33438		
CITY-ST-ZIP			
DOCUMENT #	BERLAMINO, STEPHEN P	STREET ADDRESS	
NAME	106 E. RIDGEWOOD AVENUE	CITY-ST-ZIP	
STREET ADDRESS	PARAMUS NJ 07652		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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:** SIGNATURE REQUIRED **9-1-00 (56) 487-6939**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/00)