

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007915 AF

DOCUMENT # A99000002091

1. Entity Name

HENDLER PARTNERS, LIMITED PARTNERSHIP

Principal Place of Business

21493 LINWOOD COURT  
BOCA RATON FL 33438

Mailing Address

21493 LINWOOD COURT  
BOCA RATON FL 33438

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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.

5,655,567.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
HENDLER, ROBERT C  
21493 LINWOOD COURT  
BOCA RATON FL 33438

STREET ADDRESS  
CITY-ST-ZIP  
200004420842--7  
-06/14/01 -01100--032  
\*\*\*\*437.50 \*\*\*\*437.50

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
HENDLER, AUTA P  
21493 LINWOOD COURT  
BOCA RATON FL 33438

STREET ADDRESS  
CITY-ST-ZIP  
200004420842--7  
-06/14/01 -01100--033  
\*\*\*\*\*97.50 \*\*\*\*\*97.50

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BERLAMINO, STEPHEN P  
106 E. RIDGEWOOD AVENUE  
PARAMUS NJ 07652

STREET ADDRESS  
CITY-ST-ZIP  
-06/14/01 -01100--033  
\*\*\*\*\*97.50 \*\*\*\*\*97.50

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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

Date

Daytime Phone #

CR2E003 (11/00)

FILED

01 MAY-31 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3692393  
APPLIED FOR

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required