

2001 UNIFORM BUSINESS REPORT (UBR)

0019868 AB

DOCUMENT # **A99000002114**

1. Entity Name

NATHAN LIMITED PARTNERSHIP

FILED

01 JUN 27 AM 8:47

Principal Place of Business

**14105 CALOOSA BLVD.
PALM BEACH GARDENS FL 33418**

Mailing Address

**41 HIGHWAY 34 SOUTH
(ABOVE SELLY'S NAILS)
COLTS NECK NJ 07722**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2523436

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUSTINE J. NATHAN

14105 CALOOSA BLVD.

PALM BEACH GARDENS FL 33418

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

Justine J. Nathan
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.

\$4,899,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$5,004,000

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

**NATHAN, ALFRED III
14105 CALOOSA BLVD.
PALM BEACH GARDENS FL 33418**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**NATHAN, JUSTINE
14105 CALOOSA BLVD.
PALM BEACH GARDENS FL 33418**

STREET ADDRESS

CITY-ST-ZIP

800004469498--4

-07/11/01--01059--001

******526.25 ****526.25**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**SHRIGLEY, WENDY A
25 ELM ST.
MARBLEHEAD MA 01945**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**NATHAN, PETER J
272 WILLOW DR.
LITTLE SILVER NJ 07739**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**DINARDO, CYNTHIA M
229 SEA MARSH DR.
JOHN'S ISLAND SC 29455**

STREET ADDRESS

CITY-ST-ZIP

4611 Lazy Creek Lane

Wadmalaw Island, SC 29417

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:

Justine J. Nathan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

732 866-4493

CR2E003 (11/00)