

2001 UNIFORM BUSINESS REPORT (UBR)

U017536 AF

DOCUMENT # B00000000088

1. Entity Name

EVERSAN LIMITED PARTNERSHIP

Principal Place of Business

C/O KIN PROPERTIES, INC.
77 TARRYTOWN ROAD
WHITE PLAINS NY 10607

Mailing Address

C/O KIN PROPERTIES, INC.
77 TARRYTOWN ROAD
WHITE PLAINS NY 10607

FILED

01 FEB -5 AM 11:33

SECRETARY OF STATE

TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

NATIONAL CORPORATE RESEARCH, LTD.
1406 HAYS STREET, SUITE 2
TALLAHASSEE FL 32301

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

141.25

9. Capital Contributions as Shown on record.

\$33.00

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.

141.25

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F00000001539
NAME EVERSAN COMPANY, INC.
STREET ADDRESS 77 TARRYTOWN ROAD
CITY-ST-ZIP WHITE PLAINS NY 10607

STREET ADDRESS

CITY-ST-ZIP

300003673253-3
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DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/30/01

Date

914-683-8080

Daytime Phone #

CR2E003 (11/00)