

2001 UNIFORM BUSINESS REPORT (UBR)

0017540 AF

DOCUMENT # B00000000146

1. Entity Name

THE STRIANESE FAMILY LIMITED PARTNERSHIP

Principal Place of Business

260 ELDERFIELDS ROAD
MANHASSET NY 11030

Mailing Address

260 ELDERFIELDS ROAD
MANHASSET NY 11030

FILED
FEB 14 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10 SEAVIEW BLVD.

3. Mailing Address

10 SEAVIEW BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Washington, NY

City & State

Port Washington, NY

Zip

11050

Country

USA

Zip

11050

Country

USA

4. FEI Number

11-3437499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, JOHN II
1645 PALM BEACH LAKES BLVD
SUITE 1200
WEST PALM BEACH FL 33401

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.

\$1,600,000.00

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 STRIANESE, BERNARD V
STREET ADDRESS 260 ELDERFIELDS ROAD
CITY-ST-ZIP MANHASSET NY 11030

DOCUMENT #
NAME STRIANESE, CARMELLA
STREET ADDRESS 260 ELDERFIELDS ROAD
CITY-ST-ZIP MANHASSET NY 11030

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 #

2/6/01

516-484-7220

CR2E003 (11/00)