

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *B 9400000059*

1. Entity Name
Ft. Myers United, Limited Partnership

FILED

00 FEB 11 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3 New York Plaza

2. Principal Place of Business
3 New York Plaza

Suite, Apt. #, etc. *19th Fl.*

City & State
New York NY

Zip
10004

Country
USA

3. Mailing Address
3 New York Plaza

Suite, Apt. #, etc. *19th Floor*

City & State
New York NY

Zip
10004

Country
USA

4. FEI Number
65-0468701

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 Florida 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. *4,000*

10. Amount of Capital Contributions in FLORIDA to date. *4,000.*

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	STREET ADDRESS CITY - ST - ZIP
<i>F 94000000819</i> <i>Ft. Myers United Co. Inc</i> <i>3 New York Plaza</i> <i>New York NY 10004</i>	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP
	<i>100003148141--8</i> <i>--02/25/00--01091--010</i> <i>***141.25 ***141.25</i>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP
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

Ft. Myers United Co. Inc BY: Jerome Katz

SIGNATURE: _____ Date *2/8/00* Daytime Phone # _____

CR2E003 (9/99)