

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091918

1. Entity Name

WHITE STREET PARTNERS INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90082 050 ***150.00

Principal Place of Business

1106 WHITE STREET
KEY WEST FL 33040

Mailing Address

905 SOUTH STREET
KEY WEST FL 33040-4722

2. Principal Place of Business

3. Mailing Address

60 Fostertown Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Medford, NJ 08055

4. FEI Number

22-3695299

Applied For

Not Applicable

Zip

Country

Zip

Country

08055

USA

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

GLOSSMAN, MICHAEL K.
905 SOUTH STREET
KEY WEST FL 33040

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

City Plantation

FL

Zip Code 33324

8. The above named entity submits this statement for the purpose of changing the 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

VICTOR A. DUVA
Assistant Vice President

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GLOSSMAN, CHRISTINE A
905 SOUTH STREET
KEY WEST FL 33040 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President, Treasurer, Director
Lowell P. Cave
60 Fostertown Road
Medford, NJ 08055 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Susan P. Allen
60 Fostertown Road
Medford, NJ 08055 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lowell P. Cave

Date

3-27-00

Daytime Phone #

609-261-7880

CR2004 (9/99)