

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
-----------------------------------------------------------------------	---------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 60 Fostertown Road
-------------------------------------------------------	------------------------------------------

City & State Medford, NJ 08055	4. FEI Number 22-3695299	Applied For <input type="checkbox"/> Not Applicable
-----------------------------------	-----------------------------	--------------------------------------------------------

Zip 08055	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
--------------	----------------	------------------------------------------------------------------------------------------

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
CT Corporation System

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

City
Plantation

State
FL

Zip Code
33324

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: *Victor A. Duva* VICTOR A. DUVA Assistant Vice President

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOSSMAN, CHRISTINE A 905 SOUTH STREET KEY WEST FL 33040 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Treasurer, Director Lowell P. Cave 60 Fostertown Road Medford, NJ 08055 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Susan P. Allen 60 Fostertown Road Medford, NJ 08055 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lowell P. Cave* **Lowell P. Cave** 3-27-00 609-261-7880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP20004 (9/99)