

2001 UNIFORM BUSINESS REPORT (UBR)

0014906 AF

DOCUMENT # A00000001422

1. Entity Name

COWAN FAMILY PROPERTIES, LTD., LLLP

FILED

Principal Place of Business

2395 HARBOR BLVD., UNIT 324-B
PORT CHARLOTTE FL 33952

Mailing Address

2395 HARBOR BLVD., UNIT 324-B
PORT CHARLOTTE FL 33952

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

3290 SANDLEWOOD LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2

City & State

City & State
FORT MYERS FL

Zip

Country

Zip

33907

Country

LEE

4. FEI Number

65-1040631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COWAN, CHARLES F JR.
2395 HARBOR BLVD., UNIT 324-B
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name

KRISTEN C. LARUE

Street Address (P.O. Box Number is Not Acceptable)

3290 SANDLEWOOD LN. #2

City

FORT MYERS

FL

Zip Code

33907

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 *Kristen C. Larue*

KRISTEN C. LARUE

11 Jan 2001

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.

\$990,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

990,000.00

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 COWAN, CHARLES F., JR., TRUSTEE
STREET ADDRESS 2395 HARBOR BLVD., UNIT 324-B
CITY-ST-ZIP PORT CHARLOTTE FL 33952

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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: X

Charles F. Cowan Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/26/01

Date

941-629-5790

Daytime Phone #

CR2E003 (11/00)