


# 2001 UNIFORM BUSINESS REPORT (UBR)

0003046 AF

**DOCUMENT # A29517**

1. Entity Name  
**ALLEN FAMILY LIMITED PARTNERSHIP**

**FILED**  
**01 APR 23 AM 10:32**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**



Principal Place of Business  
**5637 MADISON STREET**  
**HOLLYWOOD FL 33023**

Mailing Address  
**5637 MADISON STREET**  
**HOLLYWOOD FL 33023**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0165071**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ALLEN, JEAN N**  
**5637 MADISON STREET**  
**HOLLYWOOD FL 33023**

7. Name and Address of New Registered Agent  
Name **TRACY ALLEN**  
Street Address (P.O. Box Number is Not Acceptable) **27746 B.S. DIXIE**  
City **NARANJA** FL Zip Code **33032**

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 **TRACY F. ALLEN** DATE **4/16/01**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$731,250.00**

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 #	<b>L43621</b>
NAME	<b>MARVIN &amp; JEAN ALLEN, INC</b>
STREET ADDRESS	<b>5637 MADISON STREET</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	<b>87746 South Dixie Highway</b>
CITY-ST-ZIP	<b>Naranja, Florida 33032</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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

SIGNATURE **TRACY F. ALLEN** DATE **4/16/01** 305-247-3155  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)