

2000 UNIFORM BUSINESS REPORT (UBR)

0018901 AB

DOCUMENT # A31633

1. Entity Name
SAMUEL-JEAN ENTERPRISES, LTD.

FILED

00 APR 13 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**5010 BARROWE PLACE
TAMPA FL 33624**

Mailing Address
**P.O. BOX 767
KANKAKEE IL 60901-0767**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number
59-3072151

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
**AZZARELLI, SAMUEL J.
5010 BARROWE PLACE
TAMPA FL 33624**

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. **\$5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,273,270**

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 #	AZZARELLI, SAMUEL J. 5010 BARROWE PLACE TAMPA FL 33624	STREET ADDRESS	300003225233--7 -04/26/00--01085--007 ****526.25 ****526.25
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #	AZZARELLI, JEAN T. 5010 BARROWE PLACE TAMPA FL 33624	STREET ADDRESS	
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NAME		CITY - ST - ZIP	
STREET ADDRESS			

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: *Samuel J. Azza...* **4/10/00** **813-9633156**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)