

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31633**

1. Entity Name

SAMUEL-JEAN ENTERPRISES, LTD.

Principal Place of Business

**5010 BARROWE PLACE
TAMPA FL 33624**

Mailing Address

**P.O. BOX 767
KANKAKEE IL 60901**

2. Principal Place of Business

161 Bathclub Circle South

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Redington Beach FL

City & State

4. FEI Number

59-3072151

Applied For

Not Applicable

Zip

Country

33708

USA

Zip

Country

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

AZZARELLI, SAMUEL J.

5010 BARROWE PLACE

TAMPA FL 33624

Name **Azzarelli, Samuel J.**

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

161 Bathclub Circle South

City

North Redington Beach

FL

Zip Code **33708**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

\$5,000,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **AZZARELLI, SAMUEL J.**
STREET ADDRESS **5010 BARROWE PLACE**
CITY-ST-ZIP **TAMPA FL 33624**

STREET ADDRESS **161 Bathclub Circle South**
CITY-ST-ZIP **North Redington Beach, FL 33708**

DOCUMENT #
NAME **AZZARELLI, JEAN T.**
STREET ADDRESS **5010 BARROWE PLACE**
CITY-ST-ZIP **TAMPA FL 33624**

STREET ADDRESS **161 Bathclub Circle South**
CITY-ST-ZIP **North Redington Beach, FL 33708**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED
02 APR 15 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



LF

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