

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000001165**

1. Entity Name

**LUCILLA E. KEEN FAMILY LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -6 PM 5: 36

Principal Place of Business  
**130 EAST CENTRAL AVENUE  
LAKE WALES FL 33859-1079**

Mailing Address  
**P.O. BOX 1079  
LAKE WALES FL 33859-1079**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3128851**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MYERS, CORNEAL B  
130 EAST CENTRAL AVENUE  
LAKE WALES FL 33859-1079**

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. **\$3,698,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$3,698,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**KEEN, LUCILLA E  
441 EAST TILLMAN AVENUE  
LAKE WALES FL 33853**

STREET ADDRESS

CITY - ST - ZIP

**500003178745--5  
-03/21/00--01115-013**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**KEEN WITTEN, MARY JO  
DEWEY BONNER RD., RT. 1, BOX 140  
ALICEVILLE AL 35442**

STREET ADDRESS

CITY - ST - ZIP

**\*\*\*\*526.25 \*\*\*\*526.25**

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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: *Lucilla E. Keen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #