

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002436 AB

DOCUMENT # **A93000001165**

1. Entity Name  
**LUCILLA E. KEEN FAMILY LIMITED PARTNERSHIP**



**FILED**

03 AUG 28 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Zip

Country

Zip

Country

**DUE BY SEPTEMBER 24, 2003**

4. FEI Number **59-3128851**

Applied For

Not Applicable

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

**300022636453**  
**08/28/03 01071 006 \*\*926.25**

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STREET ADDRESS  
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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

7-22-2003 863-68-1295  
Date Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE