

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000619**

1. Entity Name

CULLEN FAMILY LIMITED PARTNERSHIP

Principal Place of Business

1859 LINCOLN ST.
HOLLYWOOD FL 33020

Mailing Address

165 CESSNA DR., SUITE 305
PORT ST. JOE FL 32456-7370

FILED

00 JUN -2 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

165 Cessna Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite 305

Suite, Apt. #, etc.

City & State

Port St. Joe, FL

City & State

4. FEI Number

59-3309688

Applied For

Not Applicable

Zip

32456

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LONDONO, BETTY JEAN

165 CESSNA DR., SUITE 107

PORT ST. JOE FL 32456

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$85,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

85,000.00

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

DOCUMENT # **P98000062124**
NAME **CULLEN & ASSOCIATES, INC.**
STREET ADDRESS **165 CESSNA DR., SUITE 305**
CITY - ST - ZIP **PORT ST. JOE FL 32456**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

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06/20/00 01065-016

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Betty Jean Londono as Pres. of Cullen & Assoc. Inc. Gen Ptnr.**

5/1/00

850 227-7555

Date Daytime Phone #

CF-2E003 (9/95)