

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001853

1. Entity Name

ALBA LIMITED PARTNERSHIP

Principal Place of Business

5252 CEDARBEND DR. #2  
FT. MYERS FL 33919

Mailing Address

5252 CEDARBEND DR. #2  
FT. MYERS FL 33919-7581

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

APPROVED  
AND  
FILED

00 MAR 31 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0628891

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

JOHNSON, ALLEN  
5252-2 CEDARBEND DRIVE  
FT MYERS FL 33919

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 Allen H. Johnson

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.

\$15,662.63

10. Amount of Capital Contributions  
in FLORIDA to date.

\$15,662.63

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 JOHNSON, ALLAN  
STREET ADDRESS 16050 103 S TAMiami TRAIL  
CITY - ST - ZIP FT MYERS FL

STREET ADDRESS P.O. Box 61037  
CITY - ST - ZIP Fort Myers FL 33906-1037

DOCUMENT #  
NAME JOHNSON, PATRICIA  
STREET ADDRESS 409 MILES ROAD  
CITY - ST - ZIP BENTLEYVILLE OH

STREET ADDRESS  
CITY - ST - ZIP  
600003212466--5  
-04/19/00-01048-004  
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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:

**REQUIRED**  
Signature and typed or printed name of signing general partner

1/4/00

941/274-7667

Date

Daytime Phone #

CR2E003 (9/99)