

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002027 AT

DOCUMENT # **A98000000322**

1. Entity Name

**ALLEN INVESTMENT PARTNERSHIP, LTD.**

Principal Place of Business  
**621 NORTH CALHOUN STREET  
TALLAHASSEE FL 32301**

Mailing Address  
**621 NORTH CALHOUN STREET  
TALLAHASSEE FL 32301**

**FILED**  
**01 JUL 20 AM 8:47**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY SEPTEMBER 26, 2001**

City & State

City & State

4. FEI Number **59-3494899**

Applied For

Not Applicable

Zip

Country

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

**ALLEN, E C  
621 NORTH CALHOUN STREET  
TALLAHASSEE FL 32301**

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.

**\$1,980,000.00**

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  
STREET ADDRESS  
CITY-ST-ZIP  
**ALLEN, E C TRUSTEE  
621 NORTH CALHOUN STREET  
TALLAHASSEE FL 32301**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ALLEN, MATILDA  
621 NORTH CALHOUN STREET  
TALLAHASSEE FL 32301**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**7/16/01 878-8777**

CR2E003 (5/01)

STAPLE CHECK HERE

**Williams  
Cox  
Weidner  
Cox**

**Business Consultants & CPAs**

*Members:*

*American Institute of  
Certified Public Accountants*

*Florida Institute of  
Certified Public Accountants*

*Georgia Society of  
Certified Public Accountants*

*CPAmerica*

*Office Locations:*

*1713 Mahan Drive  
Tallahassee, Florida 32308  
(850) 878-8777  
Fax (850) 878-2344*

*4267 Lafayette Street  
P. O. Box 1606  
Marianna, Florida 32447  
(850) 526-3207  
Fax (850) 526-5322*

*1002 West 23rd Street  
Suite 220  
Panama City, Florida 32405  
(850) 785-0245  
Fax (850) 769-9592*

*222 Fletcher Street  
P. O. Box 1913  
Thomasville, Georgia 31799  
(912) 226-2001  
Fax (912) 225-2133*

*www.wcwc-cpa.com*

July 19, 2001

Department of State  
Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314-6327

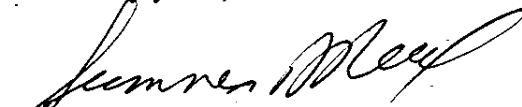
Re: Allen Investment Partnership, Ltd.

Dear Madam or Sir:

Enclosed is the 2001 Uniform Business Report (UBR) for the above-referenced partnership and a Merrill Lynch Trust check in the amount of \$926.25.

If you have questions regarding this, please feel free to contact me.

Sincerely yours,



Sumner A. Reed

js

Enclosures