

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001561

1. Entity Name

THE ALLSWORTH FAMILY LIMITED PARTNERSHIP

Principal Place of Business

1177 S.E. 3RD AVENUE  
FORT LAUDERDALE FL 33316

Mailing Address

1177 S.E. 3RD AVENUE  
FORT LAUDERDALE FL 33316-1109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



00 MAY -3 PM 1:33

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

6. Name and Address of Current Registered Agent

WACHS, JEFFREY S ESQ.  
1177 S.E. 3RD AVENUE  
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name E. SCOTT ALLSWORTH

Street Address (P.O. Box Number is Not Acceptable)

1177 S.E. 3rd Ave

City Fort Lauderdale

FL

Zip Code 33316

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]*  
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.

\$5,000.00

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 ALLSWORTH, E. SCOTT  
STREET ADDRESS 1177 S.E. 3RD AVENUE  
CITY - ST - ZIP FORT LAUDERDALE FL 33316

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME ALLSWORTH, KATHRYN E  
STREET ADDRESS 1177 S.E. 3RD AVENUE  
CITY - ST - ZIP FORT LAUDERDALE FL 33316

STREET ADDRESS

CITY - ST - ZIP

300003283863--0

-06/12/00--01004--013

\*\*\*\*141.25 \*\*\*\*141.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E00 (9/9)