

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000071

1. Entity Name  
**THE GENE LEVINE FAMILY LIMITED  
PARTNERSHIP**



Principal Place of Business  
15057 SWEETGUM AVENUE  
DELRAY BEACH, FL 33446

Mailing Address  
15057 SWEETGUM AVENUE  
DELRAY BEACH, FL 33446

**FILED**  
03 MAR -5 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1 2003

City & State

City & State

4. FEI Number

**65-0886904**

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

LEVINE, EUGENE  
15057 SWEETGUM AVENUE  
DELRAY BEACH, FL 33446

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. 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. **\$1.00**

10. Amount of Capital Contributions

in FLORIDA to date.

**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

DOCUMENT #  
NAME **LEVINE, EUGENE TRUSTEE**  
STREET ADDRESS **15057 SWEETGUM AVENUE**  
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

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STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**200013536202**  
03/05/03--01014--001 #141.25

**M THOMAS**

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

**GENE LEVINE**

**2/24/03**

**561-637-8139**

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)