

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000467**

1. Entity Name

S. MARK LEVINE FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -4 PM 6:43

Principal Place of Business

1631 BARCELONA WAY
WINTER PARK FL 32789

Mailing Address

1631 BARCELONA WAY
WINTER PARK FL 32789-5614



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

162 Heron Bay Circle
Suite, Apt. #, etc.

3. Mailing Address

162 Heron Bay Circle
Suite, Apt. #, etc.

City & State

Lake Mary, FL

City & State

Lake Mary FL

4. FEI Number

Applied For
Not Applicable

Zip

Country

32746

Zip

Country

32746

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KANE, STEVEN H
1061 MAITLAND CENTER COMMONS
MAITLAND FL 32751

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.

\$1,470,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,470,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	SAM MARK LEVINE, TRUSTEE	1631 BARCELONA WAY	WINTER PARK FL 32789
	SINDY PAM LEVINE, TRUSTEE	1631 BARCELONA WAY	WINTER PARK FL 32789

STREET ADDRESS	CITY - ST - ZIP
162 Heron Bay Circle	Lake Mary, FL 32746
162 Heron Bay Circle	Lake Mary, FL 32746
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-30-00 407-830-1181

Date

Daytime Phone #

CR2E003 (9/99)