

2001 UNIFORM BUSINESS REPORT (UBR)

000199 AF

DOCUMENT # A99000000467
 1. Entity Name
S. MARK LEVINE FAMILY LIMITED PARTNERSHIP

FILED

Principal Place of Business: **162 HERON BAY CIRCLE WINTER PARK FL 32746**
 Mailing Address: **162 HERON BAY CIRCLE WINTER PARK FL 32746**

01 APR 20 PM 12:07

SECRETARY OF STATE
 TALLAHASSEE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **4044 W Lake Mary Blvd #104**
 Suite, Apt. #, etc.: **#104**
 City & State: **LAKE MARY FL**
 Zip: **32746** Country: **FL**

3. Mailing Address: **4044 W Lake Mary Blvd #104**
 Suite, Apt. #, etc.: **#104**
 City & State: **LAKE MARY FL**
 Zip: **32746** Country: **FL**

4. FEI Number: **59-3560803** **APPLIED FOR**
 Applied For: Applied For, Not Applicable
 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: _____ (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: _____
 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	
DOCUMENT #	
NAME	SAM MARK LEVINE, TRUSTEE
STREET ADDRESS	162 HERON BAY CIRCLE
CITY-ST-ZIP	WINTER PARK FL 32746
DOCUMENT #	
NAME	SINDY PAM LEVINE, TRUSTEE
STREET ADDRESS	162 HERON BAY CIRCLE
CITY-ST-ZIP	WINTER PARK FL 32746
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	4044 W Lake Mary Blvd #104 LAKE MARY FL 32746
STREET ADDRESS	4044 W. Lake Mary Blvd #104
CITY-ST-ZIP	LAKE MARY FL 32746
STREET ADDRESS	
CITY-ST-ZIP	200004135162-6
STREET ADDRESS	05/03/01 01152 011
CITY-ST-ZIP	***526.25 ***526.25
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: **4-10-01** Date: **407-830-161** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)