

# 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



2. Principal Place of Business: **4044 W Lake Mary Blvd #104 LAKE MARY FL 32746**  
 3. Mailing Address: **4044 W Lake Mary Blvd #104 LAKE MARY FL 32746**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**KANE, STEVEN H**  
**1061 MAITLAND CENTER COMMONS**  
**MAITLAND FL 32751**

4. FEI Number: **59-3560803 APPLIED FOR**  
 Applied For:  Applied For,  Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>SAM MARK LEVINE, TRUSTEE</b>
STREET ADDRESS	<b>162 HERON BAY CIRCLE</b>
CITY-ST-ZIP	<b>WINTER PARK FL 32746</b>
DOCUMENT #	
NAME	<b>SINDY PAM LEVINE, TRUSTEE</b>
STREET ADDRESS	<b>162 HERON BAY CIRCLE</b>
CITY-ST-ZIP	<b>WINTER PARK FL 32746</b>
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	<b>4044 W Lake Mary Blvd #104 LAKE MARY FL 32746</b>
STREET ADDRESS	<b>4044 W. Lake Mary Blvd #104</b>
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>
STREET ADDRESS	
CITY-ST-ZIP	<del>200004135162-6</del>
STREET ADDRESS	<del>05/03/01 01152 011</del>
CITY-ST-ZIP	<del>***526.25 ***526.25</del>
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: **SAM MARK LEVINE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
 Date: **4-10-01**  
 Daytime Phone #: **407-830-1681**

CR2E003 (11/00)