

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001283

1. Entity Name

JEAN N. ALLEN LIMITED PARTNERHIP

FILED

01 MAY 29 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5637 MADISON STREET (some) → 5637 MADISON STREET
HOLLYWOOD FL 33023 HOLLYWOOD FL 33023

27746 S. Dixie Highway
Naranja, Florida 33032

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

65-0939340 7

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, TRACY
27746 S. DIXIE HWY
NARANJA FL 33032

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.

\$1,980,000.00

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
STREET ADDRESS
CITY - ST - ZIP

ALLEN, JEAN N
5637 MADISON STREET
HOLLYWOOD FL

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

Tracy Allen, Trustee of the Jean A.
Allen Revocable Trust dated 4/25/00
(NEW) Amendment Filed

STREET ADDRESS
CITY - ST - ZIP

27746 South Dixie Highway
Naranja, Florida 33032

DOCUMENT #
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CITY - ST - ZIP

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CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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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

Tracy Allen, Trustee
JEAN N. ALLEN REVOCABLE TRUST 4/25/00 305-247-3155

Date

Daytime Phone #

CR2E003 (11/00)