

# 2002 UNIFORM BUSINESS REPORT (UBR)

0008206  
AT

DOCUMENT # A99000001283

1. Entity Name

JEAN N. ALLEN LIMITED PARTNERSHIP

FILED

02 APR 30 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

27746 S DIXIE HWY  
NARANJA FL 33032

Mailing Address

27746 S DIXIE HWY  
NARANJA FL 33032

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0939340

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

ALLEN, TRACY  
ALLEN, TRACY  
27746 S. DIXIE HWY  
NARANJA FL 33032

MARY C. ALLEN

7. Name and Address of New Registered Agent

Name

MARY C. ALLEN

Street Address (P.O. Box Number is Not Acceptable)

27746 S. DIXIE HIGHWAY

NARANJA, Florida 33032

City

FL

Zip Code

33032

8. The above named entity submits this statement for the purpose of changing its registered office or register

SIGNATURE

MARY C. ALLEN MARY C ALLEN

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions

\$1,980,000.00

10. Amount of Capital Contributions

in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED

NOTE: General Partners MAY NOT be changed on the form; an amendment

12. GENERAL PARTNER INFORMATION

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

ALLEN, TRACY TRUSTEE MARY C. ALLEN, TRUSTEE  
27746 S DIXIE HWY  
NARANJA FL 33032

13.

STREET ADDRESS

CITY-ST-ZIP

ALLEN, TRACY TRUSTEE MARY C. ALLEN, TRUSTEE  
27746 S DIXIE HWY  
NARANJA FL 33032

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

500005504175-5

-05/10/02--01097--023

\*\*\*\*526.25 \*\*\*\*526.25

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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

MARY C. ALLEN, TRUSTEE OF THE JEAN N. ALLEN

SIGNATURE:

MARY C. ALLEN, TRUSTEE

REVOCABLE TRUST

4-4-02

(305) 246-2232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)