

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018973 AB

DOCUMENT # B97000000503

1. Entity Name

MONROE FAMILY ENTERPRISES, LTD.

Principal Place of Business

256 N. SUMMIT STREET  
FAIRHOPE AL 36532

Mailing Address

256 N. SUMMIT STREET  
FAIRHOPE AL 36532

FILED

01 FEB -8 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

72-1345245

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONROE, KAREN F  
11531 ANDY ROSSE LANCE  
CAPTIVA FL 33924

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.

\$235,000.00

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 # M97000000212  
NAME PHILIP R. MONROE AND KAREN F. MONROE, L.L.  
STREET ADDRESS 256 N. SUMMIT STREET  
CITY-ST-ZIP FAIRHOPE AL 36532

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:

Karen F. Monroe  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

agent

1/20/01  
Date

(334)

Daytime Phone #

928-6759

CR2E003 (11/00)