

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -3 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008940

1. Entity Name  
ALLEN FAMILY HOLDINGS, L.L.C.

Principal Place of Business Mailing Address

2. Principal Place of Business  
1674 Sabal Palm Drive  
Suite, Apt. #, etc.

3. Mailing Address  
1674 Sabal Palm Drive  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Sanibel Island, Florida  
Zip  
33957

Country  
USA

City & State  
Sanibel Island, Florida  
Zip  
33957

Country  
USA

4. FEI Number ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

William M. Allen II  
1674 Sabal Palm Drive  
Sanibel Island, Florida 33957

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

## 9. MANAGING MEMBERS / MEMBERS

TITLE  
NAME William M. Allen II MGRM ☐ Delete  
STREET ADDRESS 1674 Sabal Palm Drive MGR  
CITY-ST-ZIP Sanibel Island, Florida 33957

TITLE  
NAME Adaline H. Allen MGRM ☐ Delete  
STREET ADDRESS 1674 Sabal Palm Drive MGR  
CITY-ST-ZIP Sanibel Island, Florida 33957

TITLE  
NAME Adaline Allen Shinkie MGRM ☐ Delete  
STREET ADDRESS 4708 Eastwood Circle MGR  
CITY-ST-ZIP Minnetonka, Minnesota 55345

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS / CHANGES

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 4000003271714-8  
CITY-ST-ZIP -05/31/00-01039-003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 managing member, or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: William M. Allen II 3/28/00 941 472-4253  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)