

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000061886

1. Entity Name

ALLEN PARTNERSHIP, INC.

FILED

Mar 02, 2000 8:00 am  
Secretary of State

03-02-2000 90185 011 \*\*\*150.00

Principal Place of Business

267 AIRPORT ROAD SOUTH  
NAPLES FL 34104  
US

Mailing Address

267 AIRPORT ROAD SOUTH  
NAPLES FL 34104-3518  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0444240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, JAMES D  
267 AIRPORT RD S  
NAPLES FL 34104

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

9. This corporation is eligible to satisfy its intangible  
tax filing requirement and elects to do so  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	ALLEN, JAMES D. J	
STREET ADDRESS	116 HERON AVE.	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	<del>HIGBIE, KEVIN D</del>	
STREET ADDRESS	<del>2247 SPRUCE ST #3</del>	
CITY-ST-ZIP	<del>NAPLES FL</del>	
TITLE	S	<input type="checkbox"/> Delete
NAME	BUCKLER, NANCY Y.	
STREET ADDRESS	183 CONNERS AVE.	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BUCKLER, BRIAN A	
STREET ADDRESS	719 94TH AVE NO	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN JAMES D. JR	
STREET ADDRESS	9655 GULF SHORE DR #205	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLER, NANCY Y	
STREET ADDRESS	3596 MARGINA CR	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLER BRIAN A	
STREET ADDRESS	2570 109TH AVE NO	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOHN, JIMMY A	
STREET ADDRESS	2357 RIVER REACH DR	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Y. Buckler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00 941-643-4600  
Date Daytime Phone #

CR05034 10/00