

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A32981**

1. Entity Name

**FLAR INVESTMENTS, LTD.**

**FILED**

**00 JAN 20 PM 1:36**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

2410 NEVADA ROAD  
LAKELAND FL 33803-2342

Mailing Address

2410 NEVADA ROAD  
LAKELAND FL 33803-2342

2. Principal Place of Business

3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3123925**

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

7. Name and Address of New Registered Agent

**GIGLIA, FRANCESCO (FRANK)  
2410 NEVADA ROAD  
LAKELAND FL 33803-2342**

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. **\$927,183.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$927,183.00**

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 **GIGLIA, FRANCESCO FRANK**  
STREET ADDRESS **2410 NEVADA ROAD**  
CITY - ST - ZIP **LAKELAND FL 33803-2342**

STREET ADDRESS **200003115002--0**  
CITY - ST - ZIP **-01728700--01091--009  
\*\*\*\*526.25 \*\*\*\*526.25**

DOCUMENT # \_\_\_\_\_  
NAME **GIGLIA, LUCILLE**  
STREET ADDRESS **2410 NEVADA ROAD**  
CITY - ST - ZIP **LAKELAND FL 33803-2342**

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:** \_\_\_\_\_

*Signature of Lucille Giglia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**(863) 688-311**

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_