

2000 UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT

DOCUMENT # A93000000133
 1. Entity Name
PIACENTI FAMILY, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 JAN 13 PM 3:26

Principal Place of Business
 1280 WELLINGTON TERRACE
 MAITLAND FL 32751

Mailing Address
 1280 WELLINGTON TERRACE
 MAITLAND FL 32751-3449



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE **MJH**

6. Name and Address of Current Registered Agent
PIACENTI, PETER V
 1280 WELLINGTON TERRACE
 MAITLAND FL 32751

4. FEI Number **59-3154050** Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 DATE

9. Capital Contributions as Shown on record. **\$149,100.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	PIACENTI, PETER V 1280 WELLINGTON TERRACE MAITLAND FL 32751	STREET ADDRESS	
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **1-11-00** Daytime Phone #: **407-578-2918**

CR2E003 (9/99)