

2000 UNIFORM BUSINESS REPORT (UBR)

0013179 AF

DOCUMENT # **A94000001791**

1. Entity Name
JACOBSON FAMILY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -3 PM 1:33

Principal Place of Business Mailing Address
301 S. LAKE ST 301 S. LAKE ST
LEESBURG FL 34748 LEESBURG FL 34748-5969



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3286933		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
JACOBSON, HAL MARTIN 33809 OVERTON DRIVE LEESBURG FL 34788				Name			
				B+C Corporate Services of Central Florida			
				Street Address (P.O. Box Number is Not Acceptable)			
				390 N ORANGE AVE.			
				City		Zip Code	
				Orlando		FL 32801	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$504,078.54** 10. Amount of Capital Contributions in FLORIDA to date. **504078.54** 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 #	JACOBSON, HAL MARTIN 33809 OVERTON DRIVE LEESBURG FL 34788	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	100003284201 -- 4
NAME		CITY - ST - ZIP	-06/12/00--01012--025
STREET ADDRESS		CITY - ST - ZIP	***526.25 ***526.25
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STREET ADDRESS		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
NAME		STREET ADDRESS	
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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/00
Date Daytime Phone #

16961300133