

2002 UNIFORM BUSINESS REPORT (UBR)

0001928 AB

DOCUMENT # A94000001791

1. Entity Name
JACOBSON FAMILY, LTD.

FILED

02 AUG 20 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address

**301 S. LAKE ST
LEESBURG FL 34748** **301 S. LAKE ST
LEESBURG FL 34748**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

DUE BY SEPTEMBER 25, 2002

4. FEI Number **59-3286933** 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

**B & C CORPORATE SERVICES OF CENTRAL FLORID
390 N. ORANGE AVE, SUITE 1100
ORLANDO FL 32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$504,078.54**

10. Amount of Capital Contributions in FLORIDA to date. **\$ 625,080.13**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	JACOBSON, HAL MARTIN 33809 OVERTON DRIVE LEESBURG FL 34788
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	800007216238--3 -08/20/02--01014--020 ***1773.25 ***926.25
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	

*FF 8926.25
AFF 847.00*

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]* **REQUIREDOM Jacobson** Date: **7/15/02** Daytime Phone #: **352-396-7221**

CR2E003 (4/02)