

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016624 AT

**DOCUMENT #** A94000001791  
 1. Entity Name  
**JACOBSON FAMILY, LTD.**



FILED

03 JUN 20 PM 4:19

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
 301 S. LAKE ST  
 LEESBURG FL 34748

Mailing Address  
 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	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number **59-3286933** Applied For  
Not Applicable

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 AV. E, SUITE 1100  
 ORLANDO FL 32801

**7. Name and Address of New Registered Agent**

Name **STEWART JACOBSON**

Street Address (P.O. Box Number is Not Acceptable)  
**950 SOUTH FEDERAL HIGHWAY**

City **HOLLY WOOD** FL Zip Code **33020**

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 *[Signature]* DATE **4/30/03**

9. Capital Contributions as Shown on record. **\$625,080.13**

10. Amount of Capital Contributions in FLORIDA to date. **\$637,080.13**

11. MAKE CHECK PAYABLE TO FL. 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 #	JACOBSON, HAL MARTIN
NAME	33809 OVERTON DRIVE
STREET ADDRESS	LEESBURG FL 34788
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300017913073 05/02/03--01107--013 **610.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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]* DATE **4/30/03** DAYTIME PHONE # **352-326-2224**

SIGNATURE (NEE TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER)

CR2E003 (10/02)

STAY LE CHECK HERE