

# 2000 UNIFORM BUSINESS REPORT (UBR)

2000 UBR

**DOCUMENT # A99000001026**  
 1. Entity Name  
**YACHABACH FAMILY PARTNERSHIP, LTD.**

**FILED**

**00 APR -6 AM 11:35**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**410 LONGFELLOW BOULEVARD  
 LAKELAND FL 33801**

Mailing Address  
**410 LONGFELLOW BOULEVARD  
 LAKELAND FL 33801-2450**

2. Principal Place of Business  
**1405 Shorewood Dr**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1405 Shorewood Dr**  
 Suite, Apt. #, etc.

City & State  
**Lakeland, FL**

City & State  
**Lakeland, FL**

Zip  
**33803**

Country  
**USA**

4. FEI Number **3576775**  
~~59-3562208~~

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**YACHABACH, GERALD**  
**410 LONGFELLOW BOULEVARD**  
**LAKELAND FL 33801**

7. Name and Address of New Registered Agent

Name  
**YACHABACH GERALD**

Street Address (P.O. Box Number is Not Acceptable)  
**1405 Shorewood Dr**

City  
**Lakeland**

State  
**FL**

Zip Code  
**33803**

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]* **4/4/00**  
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. **\$6,565,749.00**

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	
DOCUMENT #	<b>L99000001285</b>
NAME	<b>YAMAR, L.L.C.</b>
STREET ADDRESS	<b>410 LONGFELLOW BOULEVARD</b>
CITY - ST - ZIP	<b>LAKELAND FL 33801</b>
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	<b>1405 Shorewood Dr</b>
CITY - ST - ZIP	<b>Lakeland, FL 33803</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>100003217841--9</b>
CITY - ST - ZIP	<b>04/20/00-01115-022              ***526.25 ***526.25</b>
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]* **4/4/00** **863-644-6917**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)