

2000 UNIFORM BUSINESS REPORT (UBR)

0001471 AF

DOCUMENT # **A17116**

1. Entity Name
FABRY INVESTMENTS, LTD.

FILED
00 SEP -8 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**4566 N. APOPKA VINELAND ROAD
ORLANDO FL 32818**

Mailing Address
**4566 N. APOPKA VINELAND ROAD
ORLANDO FL 32818**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-2507244**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**FABRY, CARL J.
4566 N. APOPKA VINELAND ROAD
ORLANDO FL 32818**

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

9. Capital Contributions as Shown on record **\$960.00**

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 #	FABRY, CARL J. 4566 N. APOPKA VINELAND ORLANDO FL	STREET ADDRESS	500003389005--9 -09/12/00--01008--003 ****593.75 ****541.25
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	FABRY, MARY 2440 WEST SR 136 OWING FL	STREET ADDRESS	FF # 541.25
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		STREET ADDRESS	

CR2E003 (5/00)

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 REQUIRED** *[Signature]* **7-10-00** **407-291-7180**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #