

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30214**

1. Entity Name

THE JAC & DBC I LIMITED PARTNERSHIP

Principal Place of Business

P.O. BOX 190
OCALA FL 34478

Mailing Address

P.O. BOX 190
OCALA FL 34478

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0198758

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, JACK A

~~1972 TWIN BRIDGE CIR.~~

OCALA FL 34471

Name

Street Address (P.O. Box Number is Not Acceptable)

2216 Ashley Court

City

OCALA

FL

Zip Code

34471

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, 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.

\$1,581,030.00

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 #

NAME

CLARK, DOROTHY B

STREET ADDRESS

~~1972 TWIN BRIDGE CIR.~~

CITY-ST-ZIP

OCALA FL 34471

STREET ADDRESS

2216 Ashley Court

CITY-ST-ZIP

OCALA, FL 34471

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CITY-ST-ZIP

STREET ADDRESS

600003342886--7

CITY-ST-ZIP

08/01/00 01036-025

******752.50 ****526.25**

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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

Date

Daytime Phone #

352-732-3121

CR2E003 (5/00)

526.25
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 17 PM 2:10



DO NOT WRITE IN THIS SPACE