

2000 UNIFORM BUSINESS REPORT (UBR)

526.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 17 PM 2:10



DO NOT WRITE IN THIS SPACE

DOCUMENT # A30215			
1. Entity Name THE JAC & DBC IV LIMITED PARTNERSHIP			
Principal Place of Business POST OFFICE BOX 190 OCALA FL 34478		Mailing Address POST OFFICE BOX 190 OCALA FL 34478	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0198759		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CLARK, JACK A. 1972 TWIN BRIDGE CIR. OCALA FL 34471		7. Name and Address of New Registered Agent Name CLARK JACK A. 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 JACK A. CLARK DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. Capital Contributions as Shown on record. \$344,750.00		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 STREET ADDRESS CITY-ST-ZIP	CLARK, DOROTHY B. 1972 TWIN BRIDGE CIR. OCALA FL 34471	STREET ADDRESS CITY-ST-ZIP	2216 Ashley Court OCALA FL 34471
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	600003342906--3 -08/01/00--01096--025 ****752.50 ****226.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	600003342906--3 -08/01/00--01096--025 ****300.00 ****300.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	7/11/7
DOCUMENT # NAME 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: **DISIGNATURE REQUIRED** 352-731-3121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/00)