

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000889

1. Entity Name

LIEB FAMILY HOLDINGS, LTD.

Principal Place of Business

5218 PENNOCK POINT ROAD
JUPITER FL 33468

Mailing Address

362 COUNTY DOWNS RD
MONTGOMERY AL 36109-3925

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-1103861

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAVERSA, JEFFERY

218 US HWY #1

STE 202

TEQUESTA FL 33469

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

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.

\$810,000.00

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

LIEB, DRAYTON
362 COUNTY DOWNS ROAD
MONTGOMERY AL 36109

STREET ADDRESS

CITY - ST - ZIP

3000003251603--8

-05/15/00--01004--001

****526.25 ****526.25

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

LIEB, SANDI
RT. #2 - BOX 321
MICANOPY FL 32667

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

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CITY - ST - ZIP

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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 #

CR: 1003 (9/99)