

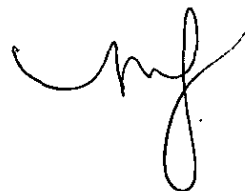
# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000272**

1. Entity Name  
**ZALAY FIRST FAMILY LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 12 PM 1:33



Principal Place of Business      Mailing Address  
**4922 TURTLE CREEK TRAIL      4922 TURTLE CREEK TRAIL**  
**OLDSMAR, FL 34677      OLDSMAR, FL 34677**

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      Applied For  
**59-3480212**      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  
**CLIFFORD I. ZALAY, SR.**  
**4922 TURTLE CREEK TRAIL**  
**OLDSMAR, FL 34677**

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      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: **100.00**      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 #	<b>CLIFFORD I. ZALAY, SR.</b> <b>4922 TURTLE CREEK TRAIL</b> <b>OLDSMAR, FL 34677</b>		STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS				<b>500003297795--6</b>
CITY-ST-ZIP				<b>-06/20/00--01079-017</b>
DOCUMENT #			STREET ADDRESS	<b>****141.25 ****141.25</b>
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NAME			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: **Clifford I. Zalay, Sr.**      5/31/00      787-781-7111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (9/99)