

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001193

1. Entity Name

ZABRISKIE FAMILY LIMITED PARTNERSHIP

Principal Place of Business

324 BRANTLEY CLUB

LONGWOOD FL 32779-5872

Mailing Address

324 BRANTLEY CLUB

LONGWOOD FL 32779-5872

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

59-3338078

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

RUBINO, NICHOLAS J ESQ.

RUBINO, ROBERT & ASSOCIATES, P.A.

535 VERSAILLES DR, SUITE 400

MAITLAND FL 32751

CHANGE OF ADDRESS ONLY →

Name

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

RUBINO & ASSOCIATES

159 LOOKOUT PLACE - SUITE 101

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.

\$865,440.00

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

ZABRISKIE, STEVEN K
374 BRANTLEY CLUB PLACE
LONGWOOD FL 32779

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

ZABRISKIE, LYNNE B
374 BRANTLEY CLUB PLACE
LONGWOOD FL 32779

STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

APPROVED
AND
FILED

00 APR -5 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/19



DO NOT WRITE IN THIS SPACE

CF-2E003 (9/99)