

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001193

1. Entity Name-
ZABRISKIE FAMILY LIMITED PARTNERSHIP

FILED

01 AUG -8 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
324 BRANTLEY CLUB
LONGWOOD FL 32779

Mailing Address
324 BRANTLEY CLUB
LONGWOOD FL 32779



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

48

DUE BY SEPTEMBER 26, 2001

6. Name and Address of Current Registered Agent
RUBINO, NICHOLAS J ESQ.
RUBINO & ASSOCIATES
159 LOOKOUT PLACE, STE. 101
MAITLAND FL 32751

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

9. Capital Contributions as Shown on record. ~~\$665,440.00~~ **10. Amount of Capital Contributions in FLORIDA to date.** 35,000.00 **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 #	ZABRISKIE, STEVEN K	STREET ADDRESS	
NAME	374 BRANTLEY CLUB PLACE	CITY-ST-ZIP	
STREET ADDRESS	LONGWOOD FL 32779		
CITY-ST-ZIP			
DOCUMENT #	ZABRISKIE, LYNNE B	STREET ADDRESS	900004526839--9
NAME	374 BRANTLEY CLUB PLACE	CITY-ST-ZIP	08/09/01 01011 007
STREET ADDRESS	LONGWOOD FL 32779		****333.75 ****333.75
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	FF \$333.75
STREET ADDRESS			
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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: SIG. [Signature] **7-5-01 907-788-1683**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/01)