

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000865**

1. Entity Name
JACK F. WAYBRANT FAMILY LIMITED PARTNERSHIP

Principal Place of Business
**814 EAST KELLER COURT
HERNANDO FL 34442**

Mailing Address
**814 EAST KELLER COURT
HERNANDO FL 34442-3373**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -3 PM 5: 50



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3378551		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WAYBRANT, JACK F 814 EAST KELLER COURT HERNANDO FL 34442				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. **\$1,000,000.00**

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 #		STREET ADDRESS	500003209835-7
NAME	WAYBRANT, JACK F	CITY - ST - ZIP	-04/14/00--01077--021
STREET ADDRESS	814 EAST KELLER COURT		*****526.25 *****526.25
CITY - ST - ZIP	HERNANDO FL 34442		
DOCUMENT #		STREET ADDRESS	AK
NAME	WAYBRANT, BETTY J	CITY - ST - ZIP	4110
STREET ADDRESS	814 EAST KELLER COURT		
CITY - ST - ZIP	HERNANDO FL 34442		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
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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: *Betty J Waybrant* **3/29/00** **352-746-7078**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Betty J Waybrant

CR2E003 (9/99)