

2000 UNIFORM BUSINESS REPORT (UBR)

0014281 1

DOCUMENT # A96000001969

1. Entity Name
THE JLS FAMILY PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APR 25 AM 3:05

Principal Place of Business
5741 BEE RIDGE RD., STE. 320
SARASOTA FL 34233

Mailing Address
8068 SANDERLING RD.
SARASOTA FL 34242-2741



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

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0703780
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SACK, JEFFREY B
8068 SANDERLING RD.
SARASOTA FL 34242

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. \$7,000.00
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 #	P96000087300	STREET ADDRESS	
NAME	JLS INVESTMENTS OF SARASOTA, INC.	CITY - ST - ZIP	
STREET ADDRESS	8068 SANDERLING RD.		
CITY - ST - ZIP	SARASOTA FL 34242		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			500003258665--8
CITY - ST - ZIP			-05/19/00--01013--005
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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: Jeffrey B Sack **DATE:** 4/15/00 **DAYTIME PHONE #:** 941-329-270

CR 2 :003 (9/99)