

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 31 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mg 4/12



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| DOCUMENT # 1. Entity Name JACOBS FAMILY, LTD. | A96000002200 |
| Principal Place of Business C/O MACLEAN AND EMA 2600 N.E. 14TH STREET CAUSEWAY POMPANO BEACH FL 33062 | Mailing Address C/O MACLEAN AND EMA 2600 N.E. 14TH STREET CAUSEWAY POMPANO BEACH FL 33062-8224 |

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|--|--|
| 4. FEI Number 65-6223477 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|--|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| MACLEAN, LAURA G ESQ. C/O MACLEAN AND EMA 2600 N.E. 14TH STREET CAUSEWAY POMPANO BEACH FL 33062 | 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. \$450,000.00 | 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 # NAME STREET ADDRESS CITY - ST - ZIP | JACOBS, IVAN H 1080 SADDLEBROOK ROAD MOUNTAINSIDE NJ 07092 | STREET ADDRESS CITY - ST - ZIP | 200003208302--2 -04/13/00--01130--010 ****526.25 ****526.25 |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS 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: *Jacob Jacobs* **SIGNATURE REQUIRED**

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

CR2E003 (9/99)