

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000424**

1. Entity Name

CHARLES LABIANCO FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 PM 12:06

Principal Place of Business
426 QUAIL HOLLOW ROAD
AUBURNDALE FL 33823

Mailing Address
426 QUAIL HOLLOW ROAD
AUBURNDALE FL 33823-9312



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
426 QUAIL HOLLOW ROAD
Suite, Apt. #, etc.

3. Mailing Address
426 QUAIL HOLLOW ROAD
Suite, Apt. #, etc.

City & State
AUBURNDALE, FL

City & State
AUBURNDALE

4. FEI Number **59-3427809**

Applied For
Not Applicable

Zip **33823** Country **USA**

Zip **33823** Country **U.S.A.**

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

LABIANCO, JAYNE
426 QUAIL HOLLOW ROAD
AUBURNDALE FL 33823

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 _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/00
DATE

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **0**

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 **LABIANCO, CHARLES**
STREET ADDRESS **426 QUAIL HOLLOW ROAD**
CITY - ST - ZIP **AUBURNDALE FL 33823**

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME **LABIANCO, JAYNE**
STREET ADDRESS **426 QUAIL HOLLOW ROAD**
CITY - ST - ZIP **AUBURNDALE FL 33823**

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
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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 dated 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: **CHARLES LABIANCO** **4/26/00** **941-967-7622**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #