

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # A97000000424**

1. Entity Name

CHARLES LABIANCO FAMILY LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

426 QUAIL HOLLOW ROAD

426 QUAIL HOLLOW ROAD

AUBURNDALE FL
33823AUBURNDALE FL
33823

2. Principal Place of Business

3. Mailing Address

3643 HAWKSHEAD DR.

3643 HAWKSHEAD DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CLERMONT FL

City & State

CLERMONT FL

4. FEI Number

59-3427809

Applied For

Not Applicable

Zip

Country

34711

Zip

Country

34711

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 ROADAUBURNDALE FL
33823 US

Name

LABIANCO JAYNE

Street Address (P.O. Box Number is Not Acceptable)
3643 HAWKSHEAD DR.City
CLERMONT

FL

Zip Code
34711

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)

05/01/2001

DATE

9. Capital Contributions

as Shown on record. 1,000.00

10. Amount of Capital Contributions

in FLORIDA to date. 0.00

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 #
NAME LABIANCO JAYNE
STREET ADDRESS 426 QUAIL HOLLOW ROAD
CITY-ST-ZIP AUBURNDALE FL 33823STREET ADDRESS 3643 HAWKSHEAD DR.
CITY-ST-ZIP CLERMONT FL 34711DOCUMENT #
NAME LABIANCO CHARLES
STREET ADDRESS 426 QUAIL HOLLOW ROAD
CITY-ST-ZIP AUBURNDALE FL 33823STREET ADDRESS 3643 HAWKSHEAD DR.
CITY-ST-ZIP CLERMONT FL 34711DOCUMENT #
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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 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:

JAYNE LABIANCO

GP

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)