

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000425

1. Entity Name

JAYNE LABIANCO FAMILY LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Principal Place of Business

426 QUAIL HOLLOW ROAD  
AUBURNDALE FL 33823

Mailing Address

426 QUAIL HOLLOW ROAD  
AUBURNDALE FL 33823-9312

00 APR 28 PM 12: 06



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

City & State  
AUBURNDALE

4. FEI Number 65-0729004

Applied For  
Not Applicable

Zip 33823

Country USA

Zip 33823

Country USA

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)

DATE

4/26/00

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

800003268508--S  
-05/26/00--01074--006

\*\*\*\*141.25 \*\*\*\*141.25

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

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

SIGNATURE REQUIRED

JAYNE LABIANCO

Date

Daytime Phone #

4/26/00 863-967 5933