2001 UNIFORM BUSINESS REPORT (UBR)

000178 6 AF

DOCUMENT # A97000000766

1. Entity Name

GREGORY J. PANZO FAMILY LIMITED PARTNERSHIP

FILED
01 MAY 18 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1930 COUNTRY CLUB ROAD EUSTIS FL 32726	1930 COUNTRY CLUB ROAD EUSTIS FL 32726

DO NOT WRITE IN THIS SPACE 5/18 MJH

2. Principal Place of Business	3. Mailing Address
2037 Crooked Lake Estates Lane Suite, Apt. #, etc.	2037 Crooked Lake Estates Lane Suite, Apt. #, etc.
City & State: Eustis, FL	City & State: Eustis, FL
Zip: 32726 Country:	Zip: 32726 Country:

4. FEI Number 59-3435430 ☐ Applied For ☐ Not Applicable

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
PANZO, GREGORY J 1930 COUNTRY CLUB ROAD EUSTIS FL 32726	Name: Panzo, Gregory J. Street Address (P.O. Box Number is Not Acceptable): 2037 Crooked Lake Estates Lane City: Eustis FL Zip Code: 32726

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$71,763.00	$106,023	

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 #		STREET ADDRESS	2037 Crooked Lake Estates Lane
NAME	PANZO, GREGORY J	CITY-ST-ZIP	Eustis, FL 32726
STREET ADDRESS	1930 COUNTRY CLUB ROAD		
CITY-ST-ZIP	EUSTIS FL 32726		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	FF $526.25
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	900004064609--4
STREET ADDRESS			-04/24/01--01036--003
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #