

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001092

1. Entity Name

J. T. LANZA ENTERPRISES, LTD.

FILED

00 JAN 19 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1302 S.W. BENT PINE COVE  
PORT ST. LUCIE FL 34986

Mailing Address

1302 S.W. BENT PINE COVE  
PORT ST. LUCIE FL 34986-2133

2. Principal Place of Business

595 SW Romora Bay

Suite, Apt. #, etc.

3. Mailing Address

595 SW Romora Bay

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PORT ST. LUCIE FL

City & State

PORT ST LUCIE FL

Zip

34986

Country

US

Zip

34986

Country

US

4. FEI Number

65-0791607

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COOK, ROBERT B ESQUIRE  
11911 U.S. HIGHWAY ONE, STE. 112  
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

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

9. Capital Contributions  
as Shown on record.

\$400.00

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

DOCUMENT #

P97000029388

NAME

J. T. LANZA HOLDINGS, INC.

STREET ADDRESS

1302 S.W. BENT PINE COVE

CITY - ST - ZIP

PORT ST. LUCIE FL 34986

13.

ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/11/00 561 340 2816