

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A99-1395**  
 1. Entity Name **A99000001395**  
**JLR FAMILY PARTNERSHIP, LTD.**

FILED

00 DEC 18 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**1423 Eastern Avenue 1423 Eastern Avenue**  
**ATTN: Jeffrey Ray ATTN: Jeffrey Ray**  
**St. Cloud, FL 34769 St. Cloud, Florida**

2. Principal Place of Business 3. Mailing Address **34769-4769**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**RAY, JEFFREY**  
**1423 EASTERN AVENUE**  
**ST. Cloud, FL. 34769**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **10,000.00** 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>F43582</b> <b>ORANGE BELT IRRIGATION SUPPLY</b> <b>1423 EASTERN AVENUE</b> <b>ST. Cloud, FL 34769</b>	STREET ADDRESS CITY-ST-ZIP	<b>INC</b> <b>700003516397- -4</b> <b>-12/29/00--01003--003</b> <b>****158.75 ****158.75</b>
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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: **Jeffrey Ray** 10/24/02 407-8926931  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)