

2002 UNIFORM BUSINESS REPORT (UBR)

0018020 AT

DOCUMENT # B99000000162

1. Entity Name

JAB REAL ESTATE COMPANY, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 11 PM 2:03



Principal Place of Business

303 E. 17TH AVENUE, SUITE 1100
DENVER CO 80203

Mailing Address

303 E. 17TH AVENUE, SUITE 1100
DENVER CO 80203

2. Principal Place of Business

3. Mailing Address

2005-Orange Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2300

City & State

City & State

Orlando FL

Zip

Country

Zip

32801

Country

USA

DUE BY MAY 1, 2002

4. FEI Number

59-3447631

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

A.G.C. CO.

200 S. ORANGE AVENUE, SUITE 2300
ORLANDO FL 32801

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.

DATE

9. Capital Contributions as Shown on record.

\$100.00

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 # P97000081969
NAME JAB REAL ESTAE COMPANY
STREET ADDRESS 1025 ANCHORAGE CT.
CITY-ST-ZIP WINTER PARK FL 32789

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

02/06/02

407 628 1194

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE