

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000003209**

1. Entity Name
JACK AUGSBACK & CO LLC

FILED

00 FEB -4 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**580 VILLAGE BOULEVARD #140
WEST PALM BEACH FL 33409**

Mailing Address
**580 VILLAGE BOULEVARD #140
WEST PALM BEACH FL 33409-1951**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
65-0931920

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AUGSBACK, JACK
580 VILLAGE BOULEVARD #140
WEST PALM BEACH FL 33409**

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 _____

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME Delete
**MGRM
AUGSBACK, JACK**

STREET ADDRESS
580 VILLAGE BOULEVARD #140

CITY-ST-ZIP
WEST PALM BEACH FL 33409

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
**MGRM
STYS, MARK V**

STREET ADDRESS
580 VILLAGE BOULEVARD #140

CITY-ST-ZIP
WEST PALM BEACH FL 33409

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

**4000003128124--5
-02/08/00--01121--009
*****50.00 *****50.00**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/28/00 561-689-1611
Date Daytime Phone #