

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

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
 65-0931920      Not Applicable  
 5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 AUGSBACK, JACK  
 580 VILLAGE BOULEVARD #140  
 WEST PALM BEACH FL 33409

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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AUGSBACK, JACK 580 VILLAGE BOULEVARD #140 WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STYS, MARK V 580 VILLAGE BOULEVARD #140 WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 \*\*\*\*\*50.00      \*\*\*\*\*50.00

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: JACK AUGSBACK  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

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