

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L99000003209

**1. Entity Name**  
JACK AUGSBACK & CO LLC

**FILED**

01 JAN 26 AM 9:37

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

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**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

Signature, typed or printed name of registered agent and title if applicable.

(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  
NAME  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000003601540-02  
-01/30/01--01065--023  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
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STREET ADDRESS  
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TITLE NAME  Change  Addition  
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CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
NAME  
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/27/2001

561-689-1611

Date Daytime Phone #

CR2E063 (11/00)