

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A29189

1. Entity Name

NEW J. V. GROUP, LTD.

FILED

00 JAN 24 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2110 WOOD GLEN LANE
MARIETTA GA 30067-7346

Mailing Address

2110 WOOD GLEN LANE
MARIETTA GA 30067-7346



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-1287028

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIRD, T. BUCKINGHAM
220 S. CHERRY STREET
MONTICELLO FL 32344

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$111,000.00

10. Amount of Capital Contributions in FLORIDA to date.

5000.00

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

DOCUMENT #
NAME **WOODWORTH, T.C.**
STREET ADDRESS **2110 WOOD GLEN LANE**
CITY - ST - ZIP **MARIETTA GA**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

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CITY - ST - ZIP

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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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

T. C. WOODWORTH
T. C. WOODWORTH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/20/00

Date

770-973-7435

Daytime Phone #