

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000295**

1. Entity Name

JM & RG, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 PM 12:03

Principal Place of Business
**4815 WESTSHORE BLVD.
TAMPA FL 33614**

Mailing Address
**P.O. BOX 152596
TAMPA FL 33684-2596**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip Country

Zip Country

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

**GOLDSTEIN, ROBERT J
4815 WESTSHORE BLVD.
TAMPA FL 33614**

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. **\$6,000,000.00**

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 #
NAME **GOLDSTEIN, ROBERT J**
STREET ADDRESS **4815 WESTSHORE BLVD.**
CITY - ST - ZIP **TAMPA FL 33614**

STREET ADDRESS
CITY - ST - ZIP
~~990002174729-8~~
~~-03/17/00-01089-003~~
~~****526.25 ****526.25~~

DOCUMENT #
NAME **MOSKOWITZ, JOAN**
STREET ADDRESS **4815 WESTSHORE BLVD.**
CITY - ST - ZIP **TAMPA FL 33614**

STREET ADDRESS
CITY - ST - ZIP
ny 3/15/00

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

SIGNATURE:

Robert J. Goldstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/10/00

CR2E003 (9/99)