

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0000080  
AF

DOCUMENT # **L98000003509**

1. Entity Name  
**JCD PICKWICK, L.L.C.**

MAY 16 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3740 BEACH BOULEVARD, SUITE 300  
JACKSONVILLE FL 32207

Mailing Address  
3740 BEACH BOULEVARD, SUITE 300  
JACKSONVILLE FL 32207-3818



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

**\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

DEMETREE, JACK C  
3740 BEACH BOULEVARD, SUITE 300  
JACKSONVILLE FL 32207

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

**9. MANAGING MEMBERS/MEMBERS**

**10. ADDITIONS/CHANGES**

TITLE NAME	MGRM DEMETREE, JACK C	<input type="checkbox"/> Delete
STREET ADDRESS	3740 BEACH BOULEVARD, SUITE 300	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	300003279403--1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	-06/07/00--01016--009	
CITY-ST-ZIP	*****50.00 *****50.00	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jack C Demetree* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date: 4/26/00 Daytime Phone #: 904-399-7310

CR2E083 (9/99)