# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 26, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# L00000000909

**Entity Name:** JITNEY, L.C.

**Current Principal Place of Business:**

115 WEST OLYMPIA AVE.
PUNTA GORDA, FL 339511447

**New Principal Place of Business:**

99 NESBIT STREET
PUNTA GORDA, FL 339511447

**Current Mailing Address:**

C/O JACK O. HACKETT II, ESQ.
P.O. DRAWER 511447
PUNTA GORDA, FL 339511447

**New Mailing Address:**

**FEI Number: 65-0986536** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HACKETT, JACK O II, ESQ
FARR, FARR, EMERICH, ET AL.
115 WEST OLYMPIA AVE.
PUNTA GORDA, FL 339511447 US

**Name and Address of New Registered Agent:**

HACKETT, JACK O II, ESQ
FARR, FARR, EMERICH, ET AL.
99 NESBIT STREET
PUNTA GORDA, FL 339511447 US

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: _____ 04/26/2002
Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete
Name: CAN CLIEF, MARY ANN
Address: 126 E. 56TH ST., 10TH FLOOR
City-St-Zip: NEW YORK, NY 10022

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: VAN CLIEF, MARY ANN
Address: 126 E. 56TH ST., 10TH FLOOR
City-St-Zip: NEW YORK, NY 10022

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARY ANN VAN CLIEF MGR 04/26/2002
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date