

2001 UNIFORM BUSINESS REPORT (UBR)

0001964 AF

DOCUMENT # **A29913**

1. Entity Name

JCS, LTD.

Principal Place of Business
**55 W. CHURCH ST., SUITE 220
ORLANDO FL 32801**

Mailing Address
**55 W. CHURCH ST., SUITE 220
ORLANDO FL 32801**

FILED

01 MAY -3 AM 11:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3206 S. HOPKINS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#228

City & State

City & State

TITUSVILLE FL

Zip

Country

Zip

Country

32780

FLORIDA

4. FEI Number

59-2993010

Applied For

Not Applicable

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

**IRWIN, L. KENT
100 S. BUMBY AVENUE
ORLANDO FL 32803**

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

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

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,271,000.00

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 # **L15165**
NAME **JUNGLE JIM CHURCH STREET**
STREET ADDRESS **55 W. CHURCH ST., #220**
CITY-ST-ZIP **ORLANDO FL 32801**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/01

Date

407 893 6310

Daytime Phone #

CR2E003 (11/00)