

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32310**

1. Entity Name
JELLY BREAD, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JAN 18 PM 1:15

Principal Place of Business
1860 MARINA CIRCLE
FT. MYERS FL 33903

Mailing Address
P.O. BOX 1503
N. FT. MYERS FL 33902-1503



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0296294**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURGES, M. J., JR.
1860 MARINA CIRCLE
NORTH FT. MYERS FL 33903

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)

9. Capital Contributions as Shown on record **\$73,625.00**

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	STREET ADDRESS	CITY - ST - ZIP
	BURGES, M. J., JR.	1860 MARINA CIRCLE	N. FT. MYERS FL

STREET ADDRESS	CITY - ST - ZIP
	01-18-2000 90198 035
	\$535.00
	FF \$526.35
	065 8.75

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 REQUIRED**

M. J. Burges, Jr. **1/5/05** **941-334-2400**
Signature and typed or printed name of signing general partner Date Daytime Phone #