

2000 UNIFORM BUSINESS REPORT (UBR)

001171 AF

DOCUMENT # A95000001487

1. Entity Name

LOVEJOY ROAD WAREHOUSE PROPERTY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 14 AM 10:17

Principal Place of Business

3335 CHANTARENE DRIVE
PENSACOLA FL 32507

Mailing Address

3335 CHANTARENE DRIVE
PENSACOLA FL 32507-3548



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6730 Epping Forest Way N.
Suite, Apt. #, etc.
#107

3. Mailing Address

6730 Epping Forest Way N.
Suite, Apt. #, etc.
#107

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3339842

Applied For

Not Applicable

Zip

FL 32217

Country

USA

Zip

32217 USA

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POLLAK, LEWIS B SR.
6730 EPPING FOREST WAY, N. #107
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

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.

\$725,000.00

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

DOCUMENT # P95000075958
NAME LBP WAREHOUSE MANAGEMENT, INC.
STREET ADDRESS 3335 CHANTARENE DRIVE
CITY - ST - ZIP PENSACOLA FL 32507

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

6730 EPPING FOREST WAY, N. #107

CITY - ST - ZIP

JACKSONVILLE, FL. 32217

STREET ADDRESS

CITY - ST - ZIP

mf 2/24/00

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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:

LEWIS B. POLLAK SR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/10/2000

Daytime Phone #

CR2E003 (9/99)