

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	A97000001417
1. Entity Name	
JBJ RESOURCES, LTD.	

FILED

01 SEP 17 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
3321 ROBINHOOD ROAD TALLAHASSEE FL 32312		3321 ROBINHOOD ROAD TALLAHASSEE FL 32312	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3454211	Applied For
		Not Applicable
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WADDILL, ORIE E. S. 3321 ROBINHOOD ROAD TALLAHASSEE FL 32312

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record.	\$6,010,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
	WADDILL, ORIE E. S.		
	3321 ROBINHOOD ROAD	CITY-ST-ZIP	
	TALLAHASSEE FL 32312		
DOCUMENT #	NAME	STREET ADDRESS	
	SLAPPEY, JAMES H		
	2027 COUNTY ROAD 245	CITY-ST-ZIP	
	NEW CASTLE CO 81647		
DOCUMENT #	NAME	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		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: Orie E. S. Waddill **9/13/01** **(850) 386-6160 ext 216**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0012018 AF

CR2E003 (11/00)