

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001211**

1. Entity Name

JRC RICKETTS, LTD.

Principal Place of Business
5701 MARINER DRIVE, #801
TAMPA FL 33609

Mailing Address
5701 MARINER DRIVE, #801
TAMPA FL 33609-3427

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

WJ



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number 59-3510746	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

RICKETTS, JEAN S
5701 MARINER DRIVE, #801
TAMPA FL 33609

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.	\$5,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	393960.00	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 CITY-ST-ZIP	RICKETTS, JEAN S 5701 MARINER DRIVE, #801 TAMPA FL 33609	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	RICKETTS, RODNEY H 5 TIMBER LANE POQUOSON VA 23662	STREET ADDRESS CITY-ST-ZIP	600003228256-2 -04/28/00-01139-010 *****526.25 *****526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	RICKETTS, JILL E 4415 SWANN CIRCLE TAMPA FL 33609	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	RICKETTS, CHESTER E 3920 WEST WATROUS TAMPA FL 33629	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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

Jean S. Ricketts
SIGNATURE: ✓ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/14/20

Date

286-1293

Daytime Phone #

CR2E003 (9/99)