

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001262

1. Entity Name

GJG ENTERPRISES, LTD.

FILED

00 FEB 11 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

59-3573983

NOT APPLICABLE

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

GLUESENKAMP, G J JR.
545 MACLAY LANE
TALLAHASSEE FL 32312

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]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/19/2000

9. Capital Contributions
as Shown on record. \$12,788,328.00

10. Amount of Capital Contributions
in FLORIDA to date. 12,788,328.00

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	GLUESENKAMP, G J JR. 545 MACLAY LANE TALLAHASSEE FL 32312	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	GLUESENKAMP, G. JEROME III 545 MACLAY LANE TALLAHASSEE FL 32312	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	GLUESENKAMP, BENJAMIN D 545 MACLAY LANE TALLAHASSEE FL 32312	STREET ADDRESS	000003150130--7 -02/28/00--01136--022 ****526.25 ****526.25
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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: *[Signature]* REQUIRED

SIGNATURE TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01/19/2000

850.893.7081

Date

Daytime Phone #

0012231 AF

66001000 1000