

2000 UNIFORM BUSINESS REPORT (UBR)

3001745 AF

DOCUMENT # A99000000280

1. Entity Name

JBJ DEVELOPMENT, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 1:07



DO NOT WRITE IN THIS SPACE

Principal Place of Business
~~P.O. BOX 941330~~
~~MAITLAND FL 32794-1330~~

Mailing Address
P.O. BOX 941330
MAITLAND FL 32794-1330

2. Principal Place of Business
130 N. Cypress Way
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Casselberry FL
Zip
32707
Country
US

City & State
City
Country

4. FEI Number
59-3585926
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FARMER, RICHARD A
1405 GREEN COVE ROAD
WINTER PARK FL 32789

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. \$7,500.00

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 # P97000081409
NAME EJC DEVELOPMENT, INC.
STREET ADDRESS 1405 GREEN COVE ROAD
CITY - ST - ZIP WINTER PARK FL 32789
DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
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DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY
STREET ADDRESS Po Box 941330
CITY - ST - ZIP Maitland FL 32794-1330
STREET ADDRESS
CITY - ST - ZIP
STREET ADDRESS
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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: SIGNATURE REQUIRED farmer 2/29-00 407 767 0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)