

2001 UNIFORM BUSINESS REPORT (UBR)

0001736 AF

DOCUMENT # **A99000000280**

1. Entity Name

JBJ DEVELOPMENT, LTD.

Principal Place of Business

**130 N. CYPRESS WAY
CASSELBERRY FL 32707**

Mailing Address

**PO BOX 941330
MAITLAND FL 32794-1330**

2. Principal Place of Business

1405 Green Cove Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

Winter Park FL

City & State

Zip

Country

32789 US

Zip

Country

FILED
01 MAR '06 AM 11:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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

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.

\$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 **PO BOX 941330**
CITY-ST-ZIP **MAITLAND FL 32794-1330**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400003889604--5
-03/21/01--01020--012
******141.25 ****141.25**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/12-01

Date

(407) 767-0700

Daytime Phone #

CR2E003 (11/00)