

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002171

1. Entity Name

CJG & SONS LTD.

FILED

00 MAY 30 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
545 MacLay Road  
Tallahassee, FL 32312

Mailing Address  
P.O. Box 12457  
Tallahassee, FL 32317

2. Principal Place of Business  
545 MacLay Road

3. Mailing Address  
P.O. Box 12457

City & State  
Tallahassee, FL

City & State  
Tallahassee, FL

Zip  
32312

Country  
USA

Zip  
32317

Country  
USA

4. FEI Number  
59-3573983

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

G.J. Gluesenkamp Jr.  
545 MacLay Lane  
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

Signature of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

3/27/2000

9. Capital Contributions  
as Shown on record. \$5,504,345.00

10. Amount of Contributions  
in FLORIDA \$5700

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	G.J. Gluesenkamp Jr.	545 MacLay Lane	Tallahassee, FL 32312
	Josephine D. Gluesenkamp	545 MacLay Lane	Tallahassee, FL 32312

13. ADDRESS CHANGES ONLY

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/27/2000

850.893.7081

Daytime Phone #