

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90036 040 \*\*\*\*\*50.00

**DOCUMENT # L00000000716**

1. Entity Name

THE JR, LLC

Principal Place of Business

8108 GREEN GLADE ROAD  
 JACKSONVILLE FL 32256

Mailing Address

P.O. BOX 19065  
 JACKSONVILLE FL 32245

96199



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59 3625089

For  
 icable

5. Certificate of Status Desired ☐

\$5.00 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, C. RANDOLPH ESQ.  
 9250 BAYMEADOWS ROAD, SUITE 230  
 JACKSONVILLE FL 32258

7. Name and Address of New Registered Agent

Name **RICHARD SCHUSTER**

Street Address (P.O. Box Number is Not Acceptable)

**6823 PONTIAC DRIVE**

City **JACKSONVILLE**

FL

Zip Code

**32216**

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]*

(NOTE: Registered Agent signature required when re-instating)

DATE

**4/9/02**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**MGRM  
 SCHUSTER, RICHARD  
 8108 GREEN GLADE ROAD - 6823 PONTIAC DRIVE  
 JACKSONVILLE FL 32258 32216**

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10. ADDITIONS/CHANGES

☐ Change ☐ Addition

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 CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4-9-02**

CR2003 (9/01)