

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90692 034 ****50.00

DOCUMENT # L00000000909

1. Entity Name
JITNEY, L.C.



Principal Place of Business
**99 NESBIT STREET
PUNTA GORDA FL 33951-1447**

Mailing Address
**C/O JACK O. HACKETT II. ESQ.
P.O. DRAWER 511447
PUNTA GORDA FL 33951-1447**



2. Principal Place of Business

7181 College Pkwy

Suite, Apt. #, etc.

Ste 38

City & State

Ft. Myers, FL

Zip
33907

Country

USA

3. Mailing Address

Jitney LC c/o Brookdale

Suite, Apt. #, etc.

126 East 56th St. 10th Fl

City & State

New York, N.Y.

Zip

10020

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0986536**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HACKETT, JACK O II, ESQ
FARR, FARR, EMERICH, ET AL
99 NESBIT STREET
PUNTA GORDA FL 33951-1447**

7. Name and Address of New Registered Agent

Name

Hall, Valerie A.

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

15693 Anderson Lane

City

Ft. Myers

FL

Zip Code

33912

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Valerie Hall
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **VAN CLIEF, MARY ANN**
STREET ADDRESS **126 E. 56TH ST., 10TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Mary Ann Van Clief
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-30-03

CR2E083 (10/02)