

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003124

1. Entity Name  
JYG PROPERTY, L.L.C.

FILED

01 MAR -1 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
311 SOUTH FLORIDA AVENUE  
LAKELAND FL 33801

Mailing Address  
P.O. BOX 24838  
LAKELAND FL 33802

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name JESS G TUCKER

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

311 SOUTH FLORIDA AVE

City LAKELAND

FL

Zip Code 33801

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.

JESS G TUCKER

(NOTE: Registered Agent signature required when reinstating)

2/23/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MEMBER ☐ Delete  
NAME JAMES I BLACK III  
STREET ADDRESS 311 S FLORIDA AVE  
CITY-ST-ZIP LAKELAND FL 33801

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

TITLE MEMBER ☐ Delete  
NAME JESS G TUCKER  
STREET ADDRESS 311 S FLORIDA AVE  
CITY-ST-ZIP LAKELAND FL 33801

TITLE ☐ Change ☐ Addition  
NAME 200003818912-0  
STREET ADDRESS -03/08/01--01077--007  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MEMBER ☐ Delete  
NAME GERALD C BLACK  
STREET ADDRESS 311 S FLORIDA AVE  
CITY-ST-ZIP LAKELAND FL 33801

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/23/01 863 686 4163

CR2E083 (11/00)

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