

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003124

1. Entity Name

JJG PROPERTY, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 19 PM 2:12

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

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

01-14-02 90036 046 \$50.00

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

59-3641865

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

TUCKER, JESS G
311 SOUTH FLORIDA AVE
LAKELAND FL 33801

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

FILED NOW IN FEES \$50.00
Make Check Payable to Department of State
DUE BY MAY 14 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BLACK, JAMES I III 311 S. FLORIDA AVE LAKELAND FL 33801	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM TUCKER, JESS G 311 S. FLORIDA AVE LAKELAND FL 33801	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BLACK, GERALD L 311 S. FLORIDA AVE LAKELAND FL 33801	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED~~

1/2/02 863 686 7163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)

00376