

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

003 115

**DOCUMENT # L00000003745**

1. Entity Name

**JACARANDA INTERNATIONAL, LLC**

04-03-2002 90020 007 \*\*\*\*50.00

Principal Place of Business

**1508 S.W. 57TH TERRACE  
 CAPE CORAL FL 33914**

Mailing Address

**1508 S.W. 57TH TERRACE  
 CAPE CORAL FL 33914**

2. Principal Place of Business

**4910 Tamiami Trail N.**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Naples, FL**

Zip

**34103**

Country

3. Mailing Address

**4910 Tamiami Trail N.**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Naples, FL**

Zip

**34103**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1007178**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LICHTMAN, JONATHAN J  
 4800 N. FEDERAL HIGHWAY, SUITE D-100  
 SANCTUARY CENTRE  
 BOCA RATON FL 33431**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **ERHARD, ANDREA C**  
 STREET ADDRESS **1508 S.W. 57TH TERRACE**  
 CITY-ST-ZIP **CAPE CORAL FL 33914**

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **4910 Tamiami Trail Suite 200**  
 CITY-ST-ZIP **Naples, FL 34103**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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 #

**3-30-02**

CR2E083 (9/01)