

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003952

1. Entity Name  
JONICK PROPERTIES LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR -9 AM 9:10

Principal Place of Business

4802 GEORGE RD.  
TAMPA FL 33634

Mailing Address

4802 GEORGE RD.  
TAMPA FL 33634

2. Principal Place of Business

6029 MEMORIAL HIWAY

3. Mailing Address

6029 MEMORIAL HIWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
TAMPA, FL

City & State  
TAMPA, FL

Zip  
33615

Country  
U.S.

Zip  
33615

Country  
U.S.

4. FEI Number  
59-3638021

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BOND, R. WALTER JR  
4802 GEORGE RD  
TAMPA FL 33634

7. Name and Address of New Registered Agent

Name  
SAME  
Street Address (P.O. Box Number is Not Acceptable)  
6029 MEMORIAL HIWAY  
City  
TAMPA, FL FL Zip Code  
33615

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 R. WALTER BOND, JR.

*R. Walter Bond, Jr.*

3-5-01

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

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT Mgrm  
JASON HIRSCHFELD  
7105 PELICAN ISLAND DR  
TAMPA, FL 33634 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT Mgrm  
MELISSA DEVITO-VIVINO  
8404 FLAGSTONE DRIVR  
TAMPA, FL 33615 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECTY-TREAS Mgrm  
JACLYN-HIRSCHFELD  
7105 PELICAN ISLAND DR  
TAMPA, FL 33634 ☐ 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

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600003851376-2  
-03/13/01-0116-008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
☐ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Called 9/13/01  
OK to change to  
"Mgrm"  
☐ 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)(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 Required*

3-4-01

(813)243-1000

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

Date

Daytime Phone #

00186.7 AT

CR2E083 (11/00)