

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004663 AF

**DOCUMENT # L00000006003**

1. Entity Name  
**JUST FRIENDS, LLC**

**FILED**

**01 FEB -5 PM 4:31**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**250 INTERNATIONAL PARKWAY, SUITE 150  
HEATHROW FL 32746**

Mailing Address  
**250 INTERNATIONAL PARKWAY, SUITE 150  
HEATHROW FL 32746**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3647645**

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

**SELBY, C. THOMAS  
250 INTERNATIONAL PARKWAY, SUITE 150  
HEATHROW FL 32746**

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 \_\_\_\_\_ (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

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGR SELBY, C. THOMAS	250 INTERNATIONAL PARKWAY, SUITE 150	HEATHROW FL 32746				
	MGR MCCLOSKEY, JOSEPH	3438 ASHTON OAKS COVE	LONGWOOD FL 32779				
	MGR BOEBINGER, JAMES	944 VERSAILLES CIRCLE	MAITLAND FL 32751				

**100003677661--4**  
-02/13/01--01104--001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

*Handwritten signature*

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:** \_\_\_\_\_ **2/2/01** **(407) 740-5152**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)