

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007350

1. Entity Name

J.L.H. ASSOCIATES, L.L.C.

Principal Place of Business

3020-602 MATECUMBE KEY ROAD  
PUNTA GORDA FL 33955

Mailing Address

3020-602 MATECUMBE KEY ROAD  
PUNTA GORDA FL 33955

2. Principal Place of Business

15500 Burnt Store Rd.

Suite, Apt. #, etc.

# 103

City & State

Punta Gorda, FL

Zip

33955

Country

3. Mailing Address

15500 Burnt Store Rd.

Suite, Apt. #, etc.

#103

City & State

Punta Gorda, FL

Zip

33955

Country

6. Name and Address of Current Registered Agent

BOYLE, CHARLES T

2315 AARON STREET

PORT CHARLOTTE FL 33949

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

TITLE MGR ☐ Delete  
NAME HILL, DAVID B  
STREET ADDRESS 3020-602 MATECUMBE KEY ROAD  
CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE MGR ☐ Delete  
NAME Hill, Jacquelyn L.  
STREET ADDRESS 3020-602 Matecumbe Key Rd  
CITY-ST-ZIP Punta Gorda FL 33955

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 300004101423--1  
CITY-ST-ZIP -05/01/01--01045--001

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS \*\*\*\*\*50.00  
CITY-ST-ZIP \*\*\*\*\*50.00

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

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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:

Jacquelyn L. Hill

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

4/15/01

Date

941-575-4832

Daytime Phone #

202040 AF

FILED

2001 APR 23 PM 3:49

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)