

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90182 010 ****55.00

DOCUMENT # L00000007478

1. Entity Name

JACOBS LANDING, LLC

Principal Place of Business

**235 OCALA ROAD SOUTH
TALLAHASSEE FL 32304**

Mailing Address

**P.O. BOX 2535
TALLAHASSEE FL 32316-2535**

2. Principal Place of Business

475 APPELYARD DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

Zip

32304

Country
USA

Country

4. FEI Number

59-3655075

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**LEONI, STEVEN M
235 OCALA ROAD SOUTH
TALLAHASSEE FL 32304**

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LEONI, LLC
235 OCALA ROAD SOUTH
TALLAHASSEE FL 32304** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SAM & CHARLES, LLC
6299-5 POWERS AVE.
JACKSONVILLE FL 32217** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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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)(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

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

Date

2/4/02

Daytime Phone #

850-590-3223

CR2E083 (9/01)