

2001 UNIFORM BUSINESS REPORT (UBR)

0001761 AF

DOCUMENT # L00000007614

1. Entity Name

JULINGTON CREEK BUSINESS PARK, LLC

Principal Place of Business

2108 SAWGRASS VILLAGE DR
PONTE VEDRA BEACH FL 32082

Mailing Address

2108 SAWGRASS VILLAGE DR
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

5150 Palm Valley Rd

3. Mailing Address

5150 Palm Valley Rd

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

Ponte Vedra FL

City & State

Ponte Vedra FL

Zip

32082

Country

US

Zip

32082

Country

US

4. FEI Number

59-3454986

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PATTERSON BOND & LATSHAW PA
3010 SOUTH THIRD ST
JACKSONVILLE BEACH FL 32250

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 MGRM
NAME ZYSKI, JERRY
STREET ADDRESS 2108 SAWGRASS VILLAGE DR
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE MGRM
NAME JERRY ZYSKI
STREET ADDRESS 5150 Palm Valley Rd #200
CITY-ST-ZIP PONTE VEDRA FL 32082

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

1/15/01

(904) 280-3119

CR2E083 (11/00)

FILED
01 FEB 27 AM 9:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

