

2001 UNIFORM BUSINESS REPORT (UBR)

0012804 AF

DOCUMENT # L00000007750

1. Entity Name
GJC HOLLYWOOD, LLC

FILED

01 APR 19 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O GEORGE CLEMONS
41 NORTHWEST 128TH AVENUE
PLANTATION FL 33325

Mailing Address

C/O GEORGE CLEMONS
41 NORTHWEST 128TH AVENUE
PLANTATION FL 33325

2. Principal Place of Business

2990 South Street

3. Mailing Address

PO Box 491684

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Leesburg FL

City & State

Leesburg FL

4. FEI Number

65-1022234

Applied For

Not Applicable

Zip

34748

Country

Zip

34749

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CLEMONS, GEORGE
41 NORTHWEST 128TH AVENUE
PLANTATION FL 33325

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

39433 Harbor Hills Blvd

City

Lady Lake

FL

Zip Code

32159

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

George J Clemons
Signature, typed or printed name of registered agent and title if applicable.

George J Clemons

(NOTE: Registered Agent signature required when reinstating)

4/16/01

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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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
PD
Clemons, George
39433 Harbor Hills Blvd
Lady Lake, FL 32159

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000004084630-013
-04/27/01--01043--013
*****50.00 *****50.00

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

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

George J Clemons
George J Clemons

4/16/01

Date

352-323-6135

Daytime Phone #

CR2E083 (11/00)