

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90005 026 ****50.00

DOCUMENT # L00000010542

1. Entity Name

JRW PARTNERS, L.L.C.

Principal Place of Business

1503 WEST SMITH STREET
ORLANDO FL 32854

Mailing Address

1503 WEST SMITH STREET
ORLANDO FL 32854

2. Principal Place of Business

651 BRYN MAWR STREET

Suite, Apt. #, etc.

3. Mailing Address

651 BRYN MAWR STREET

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32804

Country

USA

Zip

32804

Country

USA

4. FEI Number

59-3665916

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

WOOD, JAMES R
1503 WEST SMITH STREET
ORLANDO FL 32854

7. Name and Address of New Registered Agent

Name

JAMES R. WOOD

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

651 BRYN MAWR STREET

City

ORLANDO

FL

Zip Code

32804

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	PART	<input type="checkbox"/> Delete
NAME	WOOD, JAMES K	
STREET ADDRESS	1503 W. SMITH ST.	
CITY-ST-ZIP	ORLANDO FL 32854	
TITLE	PART	<input type="checkbox"/> Delete
NAME	PRAWOTO, ANDRE B	
STREET ADDRESS	1503 W. SMITH ST.	
CITY-ST-ZIP	ORLANDO FL 32854	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	PARTNER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES K. WOOD	
STREET ADDRESS	651 BRYN MAWR STREET	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	PARTNER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRE B. PRAWOTO	
STREET ADDRESS	651 BRYN MAWR STREET	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	PARTNER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. KURT WOOD	
STREET ADDRESS	651 BRYN MAWR STREET	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

James R. Wood

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

Date

Daytime Phone #

CR2E083 (9/01)