

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L00000011497

1. Entity Name  
**JAMIE HOLDING COMPANY, LLC**

**FILED**

**01 AUG 10 PM 12: 17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
**148 MARCDALE BLVD.  
INDIAN ROCKS BEACH FL 33785**

Mailing Address  
**148 MARCDALE BLVD.  
INDIAN ROCKS BEACH FL 33785**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YADLEY, GREGORY C  
101 E. KENNEDY BLVD., SUITE 2800  
TAMPA FL 33602**

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

**GREGORY C. YADLEY**

**7/2/01**

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 September 26, 2001**

**300004534669--0**

**08714701-01092-018**

**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM JARETT LEZDEY**  Delete  
NAME  
STREET ADDRESS **148 MARCDALE BLVD**  
CITY-ST-ZIP **INDIAN ROCKS BEACH FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **John & Noreen Lezdey**  Delete  
NAME  
STREET ADDR **731 Quail Keep Dr**  
CITY-ST-ZIP **Safety Harbor FL 34695-4411**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DARREN Lezdey**  Delete  
NAME  
STREET ADDRESS **148 Marcdales Blvd.**  
CITY-ST-ZIP **Indian Rk Bch., FL 33785**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**Signature Required**

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

Date

Daytime Phone #

**7/2/01 727 441-1880**

CR2E083 (5/01)