

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:

John & Noreen Lezdey

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)