

2001 UNIFORM BUSINESS REPORT (UBR)

0004667 AF

DOCUMENT # L00000014413

1. Entity Name
JTM, L.L.C.

FILED

01 APR -2 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~632 STONEFIELD LOOP~~
~~LAKE MARY FL 32746~~

Mailing Address

~~632 STONEFIELD LOOP~~
~~LAKE MARY FL 32746~~



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business

14 EAST WASHINGTON ST.

Suite, Apt. #, etc.

SUITE 500

3. Mailing Address

14 EAST WASHINGTON ST

Suite, Apt. #, etc.

SUITE 500

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

Zip

32801

Country

USA

Zip

32801

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIPSON, GARY D

9350 S. DIXIE HWY., STE. 1550

MIAMI FL 33156

7. Name and Address of New Registered Agent

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 ☐ Delete
NAME **P**
STREET ADDRESS **MICHAEL LEWIS**
CITY-ST-ZIP **14 EAST WASHINGTON ST, STE 500**
ORLANDO, FL 32801

TITLE ☐ Delete
NAME **VP/S**
STREET ADDRESS **MICHAEL LEWIS**
CITY-ST-ZIP **14 EAST WASHINGTON ST, STE 500**
ORLANDO, FL 32801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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 MICHAEL LEWIS

3/27/01

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

Date

Daytime Phone #

CR2E083 (11/00)