

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90010 050 ****50.00

DOCUMENT # L00000014877

1. Entity Name

JETH/PERRY, L.L.C.

Principal Place of Business

**2500 N.E. 18TH TERRACE
 GAINESVILLE FL 32609**

Mailing Address

**2500 N.E. 18TH TERRACE
 GAINESVILLE FL 32609**

2. Principal Place of Business

8200 NW 15th Place
 Suite, Apt. #, etc.

3. Mailing Address

8200 NW 15th Place
 Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

Country

32606

USA

Zip

Country

32606

USA

4. FEI Number

59-3685828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LASH, ROBERT A
 500 E. UNIVERSITY AVENUE
 GAINESVILLE FL 32601**

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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE **PD** ☐ Delete
 NAME **WALKER, JAMES S**
 STREET ADDRESS **2500 N.E. 18TH TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE **VD** ☐ Delete
 NAME **WALKER, JAMES S**
 STREET ADDRESS **2500 N.E. 18TH TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE **S** ☐ Delete
 NAME **PERRY, CHARLES R**
 STREET ADDRESS **2500 N.E. 18TH TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

TITLE **VD** ☒ Change ☐ Addition
 NAME **Weingart, Breck A.**
 STREET ADDRESS **8200 NW 15th Place**
 CITY-ST-ZIP **Gainesville, FL 32606**

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

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-16-02 352 3314088

CR2E083 (9/01)