

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015088

1. Entity Name

JIM-MIR, L.L.C.

Principal Place of Business

Mailing Address

2. Principal Place of Business

1670-1696 S.W. 27<sup>th</sup> AVE.

3. Mailing Address

P.O. Box 5523

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FLA

City & State

Sevierville, TN

Zip

33145

Country

Dade

Zip

37864

Country

Sevier

4. FEI Number

62-1844504

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

DAVID A. KOBRIN  
8900 S.W. 107<sup>th</sup> Ave. #206  
Miami, FL 33176

7. Name and Address of New Registered Agent

Name

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

City

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 Member - MANAGER  
STREET ADDRESS James T. Hall  
CITY-ST-ZIP 590 Thomas Loop Rd  
Sevierville, TN 37876

TITLE ☐ Delete  
NAME Member  
STREET ADDRESS Miriam Southard  
CITY-ST-ZIP 2629 Watercrest Ct.  
Marietta, Georgia

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 30062

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 ☐ Change ☐ Addition  
NAME 500003911503  
STREET ADDRESS -03/27/01--01029--008  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

James T. Hall

James T. Hall

3-12-01

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

Date

Daytime Phone #

CR2E083 (11/00)