

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015203

1. Entity Name

JGW PROPERTIES LLC

Principal Place of Business

Mailing Address

5750 Hwy 90  
MILTON, FL 32583

6300 CHERRY LAUREL DR  
MILTON, FL 32570

FILED

01 MAR 28 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

59-3685624 59-3685624

6. Name and Address of Current Registered Agent

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
JAMES A. WATSON  
6300 CHERRY LAUREL DR  
MILTON, FL 32570

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
GRACE WATSON  
6300 CHERRY LAUREL DR  
MILTON, FL 32570

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition  
100003985401--2  
-04/10/01--01086--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition

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 #

CR2E083 (11/00)