

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015610

1. Entity Name

J.E.D./ALLEN OF S.W. FLORIDA, L.L.C.

Principal Place of Business

Mailing Address

325 SEDGWICK COURT  
NAPLES FL 34109

325 SEDGWICK COURT  
NAPLES FL 34109

2. Principal Place of Business

3. Mailing Address

9150 Galleria Ct.

9150 Galleria Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#100

#100

City & State

City & State Naples, Florida

Naples, FL

Naples, FL

Zip

Country

Zip

Country

34109

34109

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONROY, J. THOMAS III  
3838 TAMiami TRAIL NORTH, SUITE 402  
NAPLES FL 34103

Name

MARY W. Monaco

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

9150 Galleria Ct. #100

City

Naples, FL

FL

Zip Code

34109

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

*Mary W. Monaco*

MARY W. MONACO

7-10-01

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**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
D'JAMOS, JOSEPH E  
325 SEDGWICK COURT  
NAPLES FL 34109 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D'Jamos, Joseph E.  
9150 Galleria Ct. #100  
Naples, FL 34109 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ALLEN, JOHN N  
321 FIRST AVENUE NORTH  
MINNEAPOLIS MN 55401 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300004574903--0  
-09/07/01--01020--025  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ 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  
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STREET ADDRESS  
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☐ Change ☐ Addition

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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 REQUIRED*

8/27/01

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

Date

Daytime Phone #

CR2E083 (5/01)