

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90390 022 \*\*\*\*55.00

**DOCUMENT # L01000002648**

1. Entity Name

**JBHB HOLDINGS, LLC**

Principal Place of Business

**8102 SOUGH COURSE VIEW  
 FRANKLIN TN 37067**

Mailing Address

**8102 SOUGH COURSE VIEW  
 FRANKLIN TN 37067**

2. Principal Place of Business

**3910 CLEVELAND AVE**

Suite, Apt. #, etc.

3. Mailing Address

**3910 CLEVELAND AVE**

Suite, Apt. #, etc.

City & State

**FORT MYERS, FL**

City & State

**FORT MYERS, FL**

Zip

**33901**

Country

**USA**

Zip

**33901**

Country

**USA**

4. FEI Number

**65-1086611**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BAYER THEODORE,  
 9400 S. DADELAND BLVD., SUITE 300  
 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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**MGRM  
 JEFFREY A. BAYER  
 3910 CLEVELAND AVE  
 FT. MYERS, FL 33901**

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**MGRM  
 JUDITH M. BAYER  
 3910 CLEVELAND AVE.  
 FT. MYERS FL 33901**

☐ 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

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☐ Change

☐ Addition

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☐ Delete

TITLE  
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 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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 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 #

**JEFFREY A. BAYER 4/15/02 239 9310388**

CR2E083 (9/01)