

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018194

1. Entity Name

WJW PROPERTY, LLC

Principal Place of Business

212 EAST MAIN STREET  
LEESBURG FL 34748

Mailing Address

212 EAST MAIN STREET  
LEESBURG FL 34748

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

80-0006174

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COVELL, SCOTT M  
125 WEST ROMANA ST., STE. 800  
PENSACOLA FL 34748

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 NAME  
MGRM DP PROPERTY HOLDINGS, INC.  
STREET ADDRESS  
212 EAST MAIN ST.  
CITY-ST-ZIP  
LEESBURG FL 34748 ☐ Delete

TITLE NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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]*

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

Date

Daytime Phone #

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90117 044 \*\*\*\*50.00

85835



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)