

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90048 005 ****50.00

DOCUMENT # L02000000152

1. Entity Name

GILLANDER GROUP, LLC



Principal Place of Business

**9129 BEAULCERC CIRCLE EAST
JACKSONVILLE FL 32257**

Mailing Address

**9129 BEAULCERC CIRCLE EAST
JACKSONVILLE FL 32257**

2. Principal Place of Business

One San Jose Place

Suite, Apt. #, etc.

19

City & State

Jacksonville FL

Zip

32257

Country

USA

3. Mailing Address

One San Jose Place

Suite, Apt. #, etc.

19

City & State

Jacksonville FL

Zip

32257

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

80-0006985

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GILLANDER, ROBERT C JR.
9129 BEAULCERC CIRCLE EAST
JACKSONVILLE FL 32257**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGRM
Robert C. Gillander, Jr.
One San Jose Pl., Suite 19, Jacksonville, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ 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:

Robert C. Gillander Jr

1/21/03

904 292 9580

CR2E083 (10/02)