

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2003 8:00 am
Secretary of State

04-07-2003 90009 021 ****50.00

DOCUMENT # L02000000937

1. Entity Name

JAX CASUAL DINING, LLC



Principal Place of Business

2933 MYRTLE AVE., SUITE 201
JACKSONVILLE FL 32208

Mailing Address

2933 MYRTLE AVE., SUITE 201
JACKSONVILLE FL 32208

44001986

2. Principal Place of Business

101 E Union St

Suite, Apt. #, etc.

Suite 400

City & State

JAX FLA

Zip

32202

Country

Duval

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

80-0033707

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, JEAN E
450 SOUTH ORANGE AVE. SUITE 510
ORLANDO FL 32801

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. 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

TITLE **Director, Pres.** ☐ Delete
NAME **JEAN WILSON**
STREET ADDRESS **101 E Union St Suite 400**
CITY-ST-ZIP **JAX, FL 32206**

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10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **JEAN WILSON**

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

4/2/03

Date

Daytime Phone #

CR2E083 (10/02)