

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Sep 15, 2003 8:00 am  
Secretary of State

05-02-2003 90075 044 \*\*\*\*50.00

**DOCUMENT # L02000003004**

1. Entity Name  
**G & J, LLC**

Principal Place of Business: **424-C NW 13TH STREET GAINESVILLE FL 32601**  
Mailing Address: **424-C NW 13TH STREET GAINESVILLE FL 32601**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: **L02000003004**

Zip: **G & J, LLC** Country: **L02000003004**



**44005755**



CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR** Applied For  Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCDONALD, JOHN JR.**  
424-C NW 13TH STREET  
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name: **Gary C. Richards**  
Street Address (P.O. Box Number is Not Acceptable): **1223 East University Ave.**  
City: **Gainesville, FL 32614**

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: *Gary C. Richards* DATE: **9/12/03**

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE: <b>MCDONALD, President R.</b>	<input type="checkbox"/> Delete
NAME: <b>John B. McDonald</b>	
STREET ADDRESS: <b>424 NW 13th Street</b>	
CITY-ST-ZIP: <b>Gainesville, FL 32601</b>	
TITLE: <b>Vice-President</b>	<input type="checkbox"/> Delete
NAME: <b>Greg Bishop</b>	
STREET ADDRESS: <b>11109 NW 15th Place</b>	
CITY-ST-ZIP: <b>Gainesville, FL 32606</b>	
TITLE: <input type="checkbox"/> Delete	
NAME: <input type="checkbox"/> Delete	
STREET ADDRESS: <input type="checkbox"/> Delete	
CITY-ST-ZIP: <input type="checkbox"/> Delete	

10. ADDITIONS/CHANGES

TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> 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 the 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0006592  
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2003-09-15  
CR2E083 (4/03)