

# 2000 UNIFORM BUSINESS REPORT (UBR)

X000386 AF

DOCUMENT # L93000000421

1. Entity Name  
SAN JOSE LIMITED COMPANY

00 FEB 19 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
50 NORTH LAURA STREET  
STE. 3900  
JACKSONVILLE FL 32202

Mailing Address  
POST OFFICE BOX 52687  
JACKSONVILLE FL 32201-2687



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3213423

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTRASTATE REGISTERD AGENT CORP.  
701 BRICKELL AVENUE, SUITE 3000  
MIAMI FL 33131

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR SAUD, EDMOND  
STREET ADDRESS 8843-1 SAN JOSE BOULEVARD  
CITY- ST- ZIP JACKSONVILLE FL 32202

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
000003139100--6  
-02/17/00--01075--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGR WALLIS, DONALD W  
STREET ADDRESS 50 NORTH LAURA STREET STE. 3900  
CITY- ST- ZIP JACKSONVILLE FL 32202

TITLE NAME  
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☐ Change ☐ Addition

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☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

JAN 28, 00

904-737-8846

CR2E083 (9/99)