

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000032

1. Entity Name

J&G FLORIDA ENTERPRISES, L.C.

FILED

00 JAN 18 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

600 MAIDEN LANE
WINTER PARK FL 32789

Mailing Address

600 MAIDEN LANE
WINTER PARK FL 32789-2743

2. Principal Place of Business

919 ORANGE AVE.

3. Mailing Address

919 ORANGE AVE

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

WINTER PARK FL

City & State

WINTER PARK FL

Zip

32789

Country

ORANGE

Zip

32789

Country

ORANGE

4. FEI Number

59-3215451

Applied For

Not Applied

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BAXTER, JAMES
600 MAIDEN LANE
WINTER PARK FL 32789

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

James N. Baxter JAMES N. BAXTER

1/12/00

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
BAXTER, JAMES N
600 MAIDEN LANE
WINTER PARK FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
BAXTER, GAIL P
600 MAIDEN LANE
WINTER PARK FL 32789 ☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
300003112473-5
-01/27/00--01023--023
*****55.00 *****55.00 ☐ Change ☐ Additor

TITLE
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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:

James N. Baxter JAMES N. BAXTER

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

1/12/00

Date

407/790-8815

Daytime Phone #