

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L94000000612**

1. Entity Name

JARAMAR DANIELS ROAD, L.C.

FILED

WR 3/23

00 MAR 23 PM 3:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P.O. BOX 6966

FORT MYERS FL 33911

Mailing Address

P.O. BOX 6966

FORT MYERS FL 33911-6966

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

76-0469806

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CRONIN, THOMAS R SR.

3591 FOWLER STREET

FORT MYERS FL 33901

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
STREET ADDRESS
CITY- ST- ZIP

MGR
CRONIN, THOMAS R SR.
3591 FOWLER STREET
FORT MYERS FL 33901

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MEM
C.S.L. & G. DEVELOPMENT LTD.
3591 FOWLER STREET
FORT MYERS FL 33901

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

800003191838--8
-03/31/00--01064--023
*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MEM
FLORDECO, INC.
3591 FOWLER STREET
FT. MYERS FL 33901

☐ Delete

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CITY- ST- ZIP

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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:

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

Thomas R Cronin

SIGNATURE REQUIRED

THOMAS R. CRONIN, SR. 3/15/00

Date

Daytime Phone #

941-936-8888

CR2E083 (9/99)