

2001 UNIFORM BUSINESS REPORT (UBR)

0024557 AF

DOCUMENT # L95000000745

1. Entity Name

TREETOPS OF JACKSONVILLE, L.C.

FILED

01 JAN 30 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7328-F W. UNIVERSITY AVENUE
GAINESVILLE FL 32607

Mailing Address

7328-F W. UNIVERSITY AVENUE
GAINESVILLE FL 32607

2. Principal Place of Business

240-D NW 76th Drive

Suite, Apt. #, etc.

3. Mailing Address

240-D NW 76th Drive

Suite, Apt. #, etc.

City & State

Gainesville, FL 32607

City & State

Gainesville, FL 32607

4. FEI Number

59-3337012

Applied For

Not Applicable

Zip
32607

Country
US

Zip
32607

Country
US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HODER, HOWARD I
7328-F W. UNIVERSITY AVENUE
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name
Hodor, Howard I.
Street Address (P.O. Box Number is Not Acceptable)
240-D NW 76th Drive
City
Gainesville FL 32607

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)

1-15-01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
MGR
HODER, HOWARD I
STREET ADDRESS
7328-F.W. UNIVERSITY AVENUE
CITY-ST-ZIP
GAINESVILLE FL 32607 ☐ Delete

TITLE
NAME
MGR
SHAW, JAMES W
STREET ADDRESS
13505 NW 88TH PLACE
CITY-ST-ZIP
ALACHUA FL 32615 ☐ Delete

TITLE
NAME
MGR
MORGAN, JAMES F
STREET ADDRESS
3728 PHILLIPS HIGHWAY, SUITE 39
CITY-ST-ZIP
JACKSONVILLE FL 32207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
Mgr
Hodor, Howard I.
STREET ADDRESS
240-D NW 76th Drive
CITY-ST-ZIP
Gainesville, FL 32607 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100003631681-7
-02/02/01--01134--021
*****50.00 *****50.00

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

1-15-01

352-331-9949

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

Date

Daytime Phone #

CR2E083 (11/00)