

# 2000 UNIFORM BUSINESS REPORT (UBR)

0000282 AF

DOCUMENT # L96000000356

1. Entity Name  
OKEFENOKEE, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 29 PM 1:18

Principal Place of Business  
1328 NORTH THIRD STREET  
JACKSONVILLE BEACH FL 32250

Mailing Address  
1328 NORTH THIRD STREET  
JACKSONVILLE BEACH FL 32250-7348



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
P.O. Box 50338  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 50338  
Suite, Apt. #, etc.

City & State  
JACKSONVILLE BCH, FL  
Zip  
32240  
Country

City & State  
JACKSONVILLE BCH, FL  
Zip  
32240  
Country

4. FEI Number  
59-3368086

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

AHERN, FRED L JR.  
2215 SOUTH THIRD STREET, SUITE 101  
JACKSONVILLE BEACH FL 32250

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

231300

## 9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ECKSTEIN, JOSEPH P  
1328 NORTH THIRD STREET  
JACKSONVILLE BEACH FL 32250 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ECKSTEIN, RAYMOND A  
1328 NORTH THIRD STREET  
JACKSONVILLE BEACH FL 32250 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
P.O. Box 50338  
JACKSONVILLE BCH, FL 32240

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
P.O. Box 50338  
JACKSONVILLE BCH, FL 32240

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
400003169104-7  
-03/14/00--01082--022  
\*\*\*\*\*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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)