

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90029 006 *****50.00

DOCUMENT # L96000000356

1. Entity Name

OKEFENOKEE, L.C.

Principal Place of Business

**P.O. BOX 50338
JACKSONVILLE BEACH FL 32240**

Mailing Address

**P.O. BOX 50338
JACKSONVILLE BEACH FL 32240**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

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

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **ECKSTEIN, JOSEPH P**
STREET ADDRESS **P.O. BOX 50338**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32240**

TITLE **MGR** ☐ Delete
NAME **ECKSTEIN, RAYMOND A**
STREET ADDRESS **P.O. BOX 50338**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32240**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **201 25TH AVE S. APT N-8**
CITY-ST-ZIP **JACKSONVILLE BCH FL 32240**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **201 25TH AVE S. APT N-8**
CITY-ST-ZIP **JACKSONVILLE BCH FL 32240**

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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 REQUIRED

JOSEPH P. ECKSTEIN

1/31/02

904-249-1003

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

Date

Daytime Phone #

CR2E083 (9/01)