

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000043

1. Entity Name

JAN-RON-PRODUCTIONS, L.C.

FILED

00 JAN 20 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% DR. ROBERT E. COLBY
16178 VILLA VIZCAYA PLACE
DELRAY BEACH FL 33446

Mailing Address

% DR. ROBERT E. COLBY
16178 VILLA VIZCAYA PLACE
DELRAY BEACH FL 33446-2343



2. Principal Place of Business

16178 VILLA VIZCAYA

3. Mailing Address

16178 VILLA VIZCAYA

Suite, Apt. #, etc.

DELRAY BEACH

Suite, Apt. #, etc.

DELRAY BEACH

City & State

FLORIDA

City & State

FLORIDA

Zip

33446

Country

US.

Zip

33446

Country

US.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0726575

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SULZBERGER, ERIC W ESQ.
1090 KANE CONCOURSE
SUITE 201
BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent

Name SAME

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

TITLE MGRM
NAME COLBY, ROBERT DR.
STREET ADDRESS 16178 VILLA VIZCAYA PLACE
CITY-ST-ZIP DELRAY BEACH FL 33154 ☐ Delete

TITLE MGRM
NAME COLBY, BRINA
STREET ADDRESS 16178 VILLA VIZCAYA PLACE
CITY-ST-ZIP DELRAY BEACH FL 33154 ☐ 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 ☐ Delete
7000003112397--2
-01/27/00--01020--020
*****50.00 *****50.00 ☐ Change

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

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

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

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

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

Date

Daytime Phone #

SIGNATURE: [Handwritten Signature]

1/15/2000

561-495-44