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2002 UNIFORM BUSINESS REPORT (UBR)

Jan 21, 2002 8:00 am Secretary of State DOCUMENT # L9700000972 1. Entity Name 01-21-2002 90057 045 ****50.00 JERICHO LAND COMPANY, L.C. Principal Place of Business Mailing Address 2210 S. FRONT ST. SUITE 204 2210 S. FRONT ST. SUITE 204 907956 MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-3467325 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAILEY, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 419 MELBOURNE AVE. **INDIALANTIC FL 32903** Zip Code City 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, 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 10. ADDITIONS/CHANGES **MGRM** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME BAILEY, RICHARD A NAME STREET ADDRESS 419 MELBOURNE AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIALANTIC FL 32903 **MGRM** ☐ Addition Delete Change TITLE SPENCER, MICHAEL E NAME NAME STREET ADDRESS 4290 COREY RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALKARIA FL 32950 MGRM Delete Change ☐ Addition TITLE KIRBY, CHARLES L NAME NAME STREET ADDRESS STREET ADDRESS 7018 PARLIAMENT PLACE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33809 ☐ Change ☐ Addition TITLE TITHE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition Delete TITLE NAME 🐚 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filling 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.