

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000996

1. Entity Name
J5M INVESTMENTS, L.C.

Principal Place of Business
400 ST. ANDREWS BLVD.
MELBOURNE FL 32940

Mailing Address
400 ST. ANDREWS BLVD.
MELBOURNE FL 32941-0999

2. Principal Place of Business
1060 Royal Fern Drive
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 410999
Suite, Apt. #, etc.

City & State
Melbourne, FL

City & State
Melbourne, FL

Zip
32940

Country
US

Zip
32941

Country
US

4. FEI Number
59-3520444

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FALLACE, JAMES H
1900 SOUTH HICKORY STREET
MELBOURNE FL 32901

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

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
IGO, MILES D
400 ST. ANDREWS BLVD.
MELBOURNE FL 32940 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
HALEY, MYRA K
400 ST. ANDREWS BLVD.
MELBOURNE FL 32940 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
HALEY, JOHN D
400 ST. ANDREWS BLVD.
MELBOURNE FL 32940 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
000003104099-00
-01/20/00--01034--024
*****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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

January 10, 2000 321 242-6210

Date

Daytime Phone #

FILED
00 JAN 13 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CP2E083 (9/99)