

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001060

1. Entity Name

JACKSON MARINE NORTH, L.C.

APPROVED  
AND  
FILED

00 APR 18 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

% JACKSON MARINE CENTER  
1915 SOUTHWEST 21ST AVENUE  
FT. LAUDERDALE FL 33312

Mailing Address

% JACKSON MARINE CENTER  
1915 SOUTHWEST 21ST AVENUE  
FT. LAUDERDALE FL 33312-3113

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MMNM

DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2112407

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MIAMI CENTER REGISTERED AGENTS  
201 SOUTH BISCAYNE BOULEVARD, 17TH FLOOR  
MIAMI FL 33131

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**

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM  
NAME JACKSON, WOODLAN  
STREET ADDRESS P.O. BOX 483  
CITY-ST-ZIP NORTH EAST MD 21901 ☐ Delete

TITLE MGRM  
NAME JACKSON, PATRICIA ANN  
STREET ADDRESS 1915 S.W. 21ST AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33312 ☐ Delete

TITLE MGRM  
NAME JACKSON, WILLIAM F  
STREET ADDRESS 1915 S.W. 21ST AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33312 ☐ Delete

TITLE MGRM  
NAME MCGLYNN, DONNA JACKSON F  
STREET ADDRESS 1915 S.W. 21ST AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33312 ☐ 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  
900003238979-4  
-05/04/00--01010--021  
\*\*\*\*\*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

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 #

4/11/00 954-792-4900

CR2E083 (9/99)