

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000001926**

1. Entity Name
JOAN WILLIAMS, LLC

FILED

00 JAN 20 PM 4: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13335 GOLF CREST CIRCLE
TAMPA FL 33624

Mailing Address
13335 GOLF CREST CIRCLE
TAMPA FL 33624-4648



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3534789 APPLIED FOR

Applied For
Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRUGER, ROBERT W
13335 GOLF CREST CIRCLE
TAMPA FL 33624

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

10. ADDITIONS/CHANGES

TITLE NAME Delete
MGRM KRUGER, ROBERT W
STREET ADDRESS **13335 GOLF CREST CIRCLE**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP **000003112340--9**
-01/27/00--01018--010

TITLE NAME Delete
MGRM KRUGER, NORMA W
STREET ADDRESS **13335 GOLF CREST CIRCLE**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP *******50.00 *****50.00**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
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CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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: **R. SIGNATURE REQUIRED**

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

1/11/2000

Date

(813) 960-5101

Daytime Phone #