2001 UNIFORM BUSINESS REPORT (URB)

| | | IIIII OO NEF Q | | (2011) | _ | | | | | |
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| DOCUMENT # L9800002760 | | | | | | gener g g gange geng | | , | | |
| JARRICCO PROPERTIES, L.C. | | | | | FILED | | | | | |
| Principal Place of Business Mailing Address | | | | | - 101 JAN 4-7 PN -2: 110 | | | | | |
| 1231 KINDEL AVENUE 1231 KINDEL AVE WINTER PARK FL 32789 WINTER PARK FL | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | | |
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| 2. Principal F | Place of Business | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & State | | City & State | | 4. FEI N | lumber 59-3542840 | | Applied For Not Applicable | e | | |
| Zip Country | | | | ry | 5. Certificate of Status Desired | | | \$5.00 Additional Fee Required | | |
| | 6. Name and Address of Current | Registered Agent | | Name | 7. Nam | and Address of New Regi | stered Agent | | - | |
| LOST POUGLAGA | | | | | | | | | | |
| 1231 KINDEL AVENUE | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| WINTER | PARK FL 32789 | ; | - | City | | | Pa 7:0 | Codo | 4 | |
| | | | | | | | TL | Code | _ | |
| 8. The above | named entity submits this statement fo | r the purpose of changing its | registere | d office or register | red agent, | or both, in the State of Florida | 3. | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | and title if applicable (NOTE | Donistavad | Agent signature required | | | DATE | | | |
| | organization, typed or printed harms or registered agent a | | | | 1 Witem remstati | ·9) | DAIE | | \dashv | |
| • | | FILE NO Make Check Pa | | EE IS \$50.00 Department o | f State | • | | | | |
| | | | | | | | | | _ | |
| 9. TITLE | MANAGING MEMBE | ERS/MEMBERS Delete | 10. | <u> </u> | | ADDITIONS/CH | IANGES Cha | nge 🔲 Addition | <u>ا</u> ۾ | |
| NAME | LOFT, DOUGLAS | | NAME | | | | | ilgo ricaldon | | |
| STREET ADDRESS CITY-ST-ZIP | 2633 VERONA TRAIL | | | T ADDRESS ST-ZIP | | | | | 5 | |
| TITLE | WINTER PARK FL 32789 MGR | ☐ Delete | TITLE | | | | □ Cha | nge 🔲 Addition | , <u>}</u> | |
| NAME | SEAY, GEORGE L | | NAME | | | - E (((((((- | · , | · | 1 | |
| STREET ADDRESS CITY-ST-ZIP | 643 LONGMEADOW CIRCLE LONGWOOD FL 32779 | يهون حصاصه | | T ADDRESS ST-ZIP | <u>۔</u> سے | 5000035 -01/23/0 |)1 01075 | 33 006 | | |
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| STREET ADDRESS | • | | | T ADDRESS | | • | | | | |
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| STREET ADDRESS | | | STREET | T ADDRESS | | | | | | |
| CITY-ST-ZIP | cortifue that the information of the state o | | CITY-S | | -4:- \\ -= - | 7/0\/\) Fi | | | 1 | |
| 11. I hereby certify that the information supplied with this fling flors 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 hat 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 of trusted employered to execute this report as required by Chapter 608, Florida Statutes. | | | | | | | | | | |
| SIGNAT | URE: SOM | A Riboùgia | s A. | Loft | | 1/9/01 (4 | 407) 647- | -2363 | | |
| | SIGNATURE AND TYPED OR PRINTED HAME OF | SIGNING MANAGING MEMBER, MAN | | | NTATIVE | Date | Daytime Phor | ne # | | |