

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 22 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002933

1. Entity Name  
SOUTHERN GROVE I OF JACKSONVILLE, LLC

Principal Place of Business

8608 BEACH BLVD. SUITE 107  
JACKSONVILLE FL 32216

Mailing Address

8608 BEACH BLVD. SUITE 107  
JACKSONVILLE FL 32216-4617



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

59-3547273

Applied For

Not Applicable

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

FINLAY, CHRISTOPHER  
117 BOUGANVILLE DRIVE  
PONTE VEDRA BEACH FL 32082

Name  
Finlay, Christopher

Street Address (P.O. Box Number is Not Acceptable)

8601 Beach Blvd #107

City  
Jacksonville

FL

Zip Code  
32216

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  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
FINLAY PROPERTIES, INC.  
117 BOUGANVILLE DRIVE  
PONTE VEDRA BEACH FL 32082

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
Finlay Properties, Inc  
8601 Beach Blvd #107  
Jacksonville, FL 32216

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Christopher C Finlay 3/29/00 904/645 3030