

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **C92000002933**

1. Entity Name

SOUTHERN GROVE I OF JACKSONVILLE, LLC

Principal Place of Business

**8601 BEACH BLVD. SUITE 107
JACKSONVILLE FL 32216**

Mailing Address

**8601 BEACH BLVD. SUITE 107
JACKSONVILLE FL 32216**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**FINLAY, CHRISTOPHER
8601 BEACH BLVD., SUITE 107
JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3547273

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

7. Name and Address of New Registered Agent

Name

Finlay, Christopher

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

4300 MARSH LANDING Blvd.

Suite 101

City

Jacksonville

FL

Zip Code

32250

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

Christopher C. Finlay

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

9/20/01

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001**

9. MANAGING MEMBERS/MANAGERS

TITLE

**MGR
FINLAY PROPERTIES, INC.
8601 BEACH BLVD., SUITE 107
JACKSONVILLE FL 32216**

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE

**MGR
Finlay Properties, INC.
4300 MARSH LANDING Blvd Sk101
Jacksonville, FL 32250**

☒ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**400004616784--3
-10/01/01--01005--005
*****55.00 *****55.00**

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Christopher C. Finlay

9/20/01

904-280-1000

0001233

CR2E083 (5/01)

STAPLE CHECK HERE