

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003136

1. Entity Name
L. J. C. MANAGEMENT, L.C.

FILED

01 FEB 28 PM 3: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4045 S. TAMiami TRAIL
SARASOTA FL 34231

Mailing Address
4045 S. TAMiami TRAIL
SARASOTA FL 34231

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0882921 Applied For Not Applicable

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

ROBINSON, LAYON F II
442 OLD MIAN STREET
BRADENTON FL 34205

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 _____ (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 COLLINS, LEON J
STREET ADDRESS 3909 8TH STREET COURT EAST
CITY-ST-ZIP BRADENTON FL 34208

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
MGRM JACKSON, JACQUELINE Y
STREET ADDRESS 3909 8TH STREET COURT EAST
CITY-ST-ZIP BRADENTON FL 34208

TITLE NAME ☐ Change ☐ Addition
700003802417-3
-03/06/01--01077--007
*****55.00 *****55.00

TITLE NAME ☐ Delete
MGRM NELSON, WANDA
STREET ADDRESS 1511 7TH AVENUE EAST
CITY-ST-ZIP PALMETTO FL 34221

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
STREET ADDRESS
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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 Leon Robinson 2-24-01 941-925-7005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0021933 AF

CR2E083 (11/00)