

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000105

1. Entity Name
JTBN, L.L.C.

FILED

00 JAN 21 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7382 NORTH LOCKWOOD RIDGE ROAD
SARASOTA FL 34243

Mailing Address
7382 NORTH LOCKWOOD RIDGE ROAD
SARASOTA FL 34243-4527



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

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

NORTON, R. MARSHALL
7382 NORTH LOCKWOOD RIDGE ROAD
SARASOTA FL 34243

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/2000

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME NORTON, R. MARSHALL
STREET ADDRESS 7382 NORTH LOCKWOOD RIDGE ROAD
CITY-ST-ZIP SARASOTA FL 34243

TITLE ☐ Change ☐ Delete
NAME 500003115315--3
STREET ADDRESS -01/31/00--01006--021
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGR ☐ Delete
NAME NORTON, ALLISON E
STREET ADDRESS 7382 NORTH LOCKWOOD RIDGE ROAD
CITY-ST-ZIP SARASOTA FL 34243

TITLE ☐ Change ☐ Delete
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NAME
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. Marshall Norton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/17/2000 9413775354