

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000105

1. Entity Name  
JTCN, L.L.C.

FILED

01 APR -9 AM 7:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

Mailing Address  
7382 NORTH LOCKWOOD RIDGE ROAD  
SARASOTA FL 34243

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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 \_\_\_\_\_ (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 MGR  
STREET ADDRESS NORTON, R. MARSHALL  
CITY-ST-ZIP 7382 NORTH LOCKWOOD RIDGE ROAD  
SARASOTA FL 34243

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/25/01

941 377 5354

CR2E083 (11/00)