

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 19 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000000916

1. Entity Name
OKEEJOG, L.L.C.

Principal Place of Business
SUITE 1010 FLAGLER CENTER
505 S. FLAGLER DRIVE
WEST PALM BEACH FL 33401

Mailing Address
SUITE 1010 FLAGLER CENTER
505 S. FLAGLER DRIVE
WEST PALM BEACH FL 33401-5949

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

65-0894465

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

JOHNSON, SCOTT A
SUITE 1010 FLAGLER CENTER
505 S. FLAGLER DRIVE
WEST PALM BEACH FL 33401

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/00

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME KOENIG, PATRICK C
STREET ADDRESS 505 S FLAGLER DR, STE 1010 FLAGLER CENTER
CITY- ST- ZIP WEST PALM BEACH FL 33401

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

TITLE MGR ☐ Delete
NAME JOHNSON, SCOTT A
STREET ADDRESS 505 S FLAGLER DR, STE 1010 FLAGLER CENTER
CITY- ST- ZIP WEST PALM BEACH FL 33401

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

TITLE MGR ☐ Delete
NAME JOHNSON, RICHARD S JR
STREET ADDRESS 505 S FLAGLER DR, STE 1010 FLAGLER CENTER
CITY- ST- ZIP WEST PALM BEACH FL 33401

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

TITLE MGR ☐ Delete
NAME JOHNSON, RICHARD S
STREET ADDRESS 505 S FLAGLER DR, STE 1010 FLAGLER CENTER
CITY- ST- ZIP WEST PALM BEACH FL 33401

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/6/00 561-655-7200

0006947 AF

CR2E083 (9/99)