

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -4 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000930

1. Entity Name  
FOG JAX ONE, L.L.C.

Principal Place of Business  
1745 W. FLETCHER AVENUE  
TAMPA FL 33612

Mailing Address  
1745 W. FLETCHER AVENUE  
TAMPA FL 33612-1820



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

52-2147186

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

RICE, MITCHELL F  
1745 W. FLETCHER AVENUE  
TAMPA FL 33612

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME  Delete  
MGRM RICE, MITCHELL F  
STREET ADDRESS 1745 W. FLETCHER AVENUE  
CITY - ST - ZIP TAMPA FL 33612

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME  Delete  
MGRM HACKNER, MARK O  
STREET ADDRESS 1745 W. FLETCHER AVENUE  
CITY - ST - ZIP TAMPA FL 33612

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY - ST - ZIP

800003267528-4  
-05/26/00--01004--010  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE NAME  Delete  
STREET ADDRESS  
CITY - ST - ZIP

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  
CITY - ST - ZIP

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: *[Signature]* NATUFM... 4-17-00

813-9681511

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

Date

Daytime Phone #

CR2E083 (9/99)