

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001487

1. Entity Name

JKC INVESTMENTS INTERNATIONAL, L.L.C.

FILED

00 JAN 24 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

209 SOUTH HALIFAX AVENUE, SUITE 202  
DAYTONA BEACH FL 32118

Mailing Address

209 SOUTH HALIFAX AVENUE, SUITE 202  
DAYTONA BEACH FL 32118-6814

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

59-3575674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARDNER, ROBERT M  
C/O GARDNER, TEPPER & KOLLER  
209 SOUTH HALIFAX AVENUE  
DAYTONA BEACH FL 32118

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  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
LANG, MICHAEL  
209 SOUTH HALIFAX AVENUE, SUITE 202  
DAYTONA BEACH FL 32118 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
800003119018  
-02/01/00--01106--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
LANG, DAGMAR  
209 SOUTH HALIFAX AVENUE, SUITE 202  
DAYTONA BEACH FL 32118 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

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 #

1-19-00