

# 2000 UNIFORM BUSINESS REPORT (UBR)

0000376 AF

**DOCUMENT # L99000001514**

1. Entity Name  
WOLF-KADRE ASSOCIATES, L.C.

FILED  
00 JAN 27 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
ONE SAN JOSE PLACE, SUITE 8  
JACKSONVILLE FL 32257

Mailing Address  
ONE SAN JOSE PLACE, SUITE 8  
JACKSONVILLE FL 32257-7580



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**593560815**

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
WOLF, IRVIN "SKIP" III  
ONE SAN JOSE PLACE, SUITE 8  
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent  
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 STREET ADDRESS CITY - ST - ZIP	MGR WOLF, IRVIN "SKIP" III 12152 CATTAIL LANE JACKSONVILLE FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	8000003119718--1 -02/01/00--01137--006 *****55.00 *****55.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Irvin "Skip" Wolf III IRVIN "SKIP" WOLF III 1/14/00 904. 260-7737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)