

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000001514**

1. Entity Name

**WOLF-KADRE ASSOCIATES, L.C.**

FILED

01 APR 16 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

ONE SAN JOSE PLACE, SUITE 8  
JACKSONVILLE FL 32257

Mailing Address

ONE SAN JOSE PLACE, SUITE 8  
JACKSONVILLE FL 32257

2. Principal Place of Business

**3560 Cardinal Point Dr, #201**

Suite, Apt. #, etc.

**Suite 201**

City & State

**Jacksonville, FL**

Zip

**32257**

Country

**Duval**

3. Mailing Address

**3560 Cardinal Point Dr, #201**

Suite, Apt. #, etc.

**Suite 201**

City & State

**Jacksonville, FL**

Zip

**32257**

Country

**Duval**

4. FEI Number

**59-3560815**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

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)  
**3560 Cardinal Point Drive**

**Suite 201**

City

**Jacksonville**

**FL**

Zip Code  
**32257**

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

**Irvin "Skip" Wolf III**

**4/11/01**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**WOLF, IRVIN "SKIP" III**  
**12152 CATTAIL LANE**  
**JACKSONVILLE FL 32223**

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**800004078238-03**  
**-04/25/01--01092--016**  
**\*\*\*\*\*55.00 \*\*\*\*\*55.00**

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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**

**4/11/01**

**904.739.7757**

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

Date

Daytime Phone #

CR2E083 (11/00)