

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # L99000002029

1. Entity Name
JACKSON MCDOUGALL, L.L.C.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
68 CARRIAGE HILL CIRCLE
CASSELBERRY FL 32707

Mailing Address
68 CARRIAGE HILL CIRCLE
CASSELBERRY FL 32707-4951



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MNM

DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2164594

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

MCDOUGALL, JACKSON
68 CARRIAGE HILL CIRCLE
CASSELBERRY FL 32707

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 MGR ☐ Delete
NAME MCDOUGALL, JACKSON
STREET ADDRESS 68 CARRIAGE HILL CIRCLE
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE ☐ Change ☐ Addition
NAME 400003238994-8
STREET ADDRESS -05/04/00-01013-005
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGR ☐ Delete
NAME MCDOUGALL, LILIANE
STREET ADDRESS 68 CARRIAGE HILL CIRCLE
CITY-ST-ZIP CASSELBERRY FL 32707

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

TITLE MGR ☐ Delete
NAME MCDOUGALL, CRAIG
STREET ADDRESS 68 CARRIAGE HILL CIRCLE
CITY-ST-ZIP CASSELBERRY FL 32707

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

TITLE MGR ☐ Delete
NAME MCDOUGALL, PETER
STREET ADDRESS 68 CARRIAGE HILL CIRCLE
CITY-ST-ZIP CASSELBERRY FL 32707

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: LILIANE MCDOUGALL **SIGNATURE REQUIRED** LILIANE MCDOUGALL 4-15-00 (407)834-4580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #