

# 2001 UNIFORM BUSINESS REPORT (UBR)

000493 AF

DOCUMENT # L99000002029

1. Entity Name

JACKSON MCDOUGALL, L.L.C.

FILED

2001 APR 30 AM 10:38

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

68 CARRIAGE HILL CIRCLE  
CASSELBERRY FL 32707

Mailing Address

68 CARRIAGE HILL CIRCLE  
CASSELBERRY FL 32707

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

52-2164594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCDOUGALL, JACKSON  
68 CARRIAGE HILL CIRCLE  
CASSELBERRY FL 32707

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

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

800004220908--2  
-05/16/01--01118--024  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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]*

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

Date

Daytime Phone #

4/29/01

407-834-4860

CR2E083 (11/00)