

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 MAY -4 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002041

1. Entity Name
TEN BROECK JACKSONVILLE, LLC

Principal Place of Business
603 MAIN STREET
WINDERMERE FL 34786

Mailing Address
603 MAIN STREET
WINDERMERE FL 34786-3548



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3568978

Applied For
Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 MGR
DIZNEY, DONALD R
STREET ADDRESS 1095 WILSON AVE SUITE 301
CITY-ST-ZIP SAN JUAN PR 00907 ☐ Delete

TITLE NAME
CHANGE OF ADDRESS: ☒ Change ☐ Addition
STREET ADDRESS 603 Main Street
CITY-ST-ZIP Windermere, FL 34786

TITLE NAME MGR
ENGLISH, JAMES E
STREET ADDRESS 1095 WILSON AVENUE SUITE 301
CITY-ST-ZIP SAN JUAN PR 00907 ☐ Delete

TITLE NAME
CHANGE OF ADDRESS: ☒ Change ☐ Addition
STREET ADDRESS 603 Main Street
CITY-ST-ZIP Windermere, FL 34786

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

02.18.00

Date

407 876 2200

Daytime Phone #

CR2 083 (9/01)