

# 2000 UNIFORM BUSINESS REPORT (UBR)

JO12938 AF

DOCUMENT # L99000002129

1. Entity Name  
CG OF JACKSONVILLE, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -1 AM 10:56

Principal Place of Business

C/O J.S. KARLTON

~~75 HOLLY HILL LANE SUITE 300~~

GREENWICH CT 06830

Mailing Address

C/O J.S. KARLTON

~~75 HOLLY HILL LANE SUITE 300~~

GREENWICH CT 06830-6098

475 Steamboat Rd



2. Please Note Address Change

Sui 475 STEAMBOAT ROAD, 4TH FLOOR  
City GREENWICH, CT 06830

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1542043

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAX CO.  
C/O MCGUIRE WOODS BATTLE & BOOTHE, LLP  
50 NORTH LAURA STREET, 3300 BARNETT CENTER  
JACKSONVILLE FL 32202

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete  
NAME KARLTON, JOHN S  
STREET ADDRESS 75 HOLLY HILL LANE, SUITE 300  
CITY- ST- ZIP GREENWICH CT 06830

TITLE MGR ☐ Delete  
NAME J.S. KARLTON COMPANY OF FLORIDA, INC.  
STREET ADDRESS 75 HOLLY HILL LANE, SUITE 300  
CITY- ST- ZIP GREENWICH CT 06830

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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CITY- ST- ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)