

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002129

1. Entity Name

CG OF JACKSONVILLE, LLC

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90078 007 ***150.00

956644



DO NOT WRITE IN THIS SPACE

Principal Place of Business

15 VALLEY DR. #300
GREENWICH CT 06831

Mailing Address

15 VALLEY DR. #300
GREENWICH CT 06831

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 06-1542043

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGR KARLTON, JOHN S ☐ Delete
STREET ADDRESS 15 VALLEY DR.
CITY-ST-ZIP GREENWICH CT 06831

TITLE NAME Exe. J.P. Stephen P. Lipkins ☐ Change ☒ Addition
STREET ADDRESS 15 Valley Drive
CITY-ST-ZIP GREENWICH, CT 06831

TITLE NAME MGR J.S. KARLTON COMPANY OF FLORIDA, INC. ☐ Delete
STREET ADDRESS 15 VALLEY DR.
CITY-ST-ZIP GREENWICH CT 06831

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04-11-02 1-203-629-5333

Date

Daytime Phone #

CR2E083 (9/01)