

2001 UNIFORM BUSINESS REPORT (UBR)

0002940 AF

DOCUMENT # L99000003630

1. Entity Name
MAYPORT II, LLC

FILED

01 APR -6 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
332 THIRD STREET
ATLANTIC BEACH FL 32233

Mailing Address
332 THIRD STREET
ATLANTIC BEACH FL 32233



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3617593

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLEMAN, C. RANDOLPH ESQ.
9250 BAYMEADOWS ROAD, SUITE 230
JACKSONVILLE FL 32256-1813

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

200003996042--0
--04/12/01--01135--011
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS KJAR, ROGER B
CITY-ST-ZIP 332 THIRD STREET
ATLANTIC BEACH FL 32233 ☐ Delete

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

TITLE
NAME MGRM
STREET ADDRESS KJAR, CAROL
CITY-ST-ZIP 332 THIRD STREET
ATLANTIC BEACH FL 32233 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE MGRM
NAME PAUL DENNIS
STREET ADDRESS 220 HIGH ST
CITY-ST-ZIP VICTOR, NY 14564 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE MGRM
NAME WILLIAM TAYLER
STREET ADDRESS 4916 WOLF RUN SHOALS RD
CITY-ST-ZIP WOODBRIDGE, VA 22192 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE MGRM
NAME CHRISTY TAYLER
STREET ADDRESS 4916 WOLF RUN SHOALS RD
CITY-ST-ZIP WOODBRIDGE, VA 22192 ☐ 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: *Carol Kjar*

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

3/30/01

Date

Daytime Phone #

CR2E083 (11/00)