

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003655

1. Entity Name
JTG INTERNATIONAL, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 6:36

Principal Place of Business
550 NORTH REO STREET, SUITE 204
TAMPA, FL 33609

Mailing Address
550 NORTH REO STREET, SUITE 204
TAMPA, FL 33609-1036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2202 North West Shore Boulevard
5th Floor
Tampa, Florida
33607

3. Mailing Address
2202 North West Shore Boulevard
5th Floor
Tampa, Florida
33607

4. FEI Number
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FARRELL, M. TIMOTHY
100 SECOND AVENUE SOUTH, SUITE 600
ST. PETERSBURG FL 33701

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHN TIMOTHY GANNON 550 NORTH REO STREET, SUITE 204 TAMPA FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2202 N. West Shore Blvd., 5th Floor Tampa, Florida 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800003247098--3 -05/10/00--01014--034 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: John Timothy Gannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/26/00
Date

813/2827225
Daytime Phone #

CR2E083 (9/99)