

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000005239**

1. Entity Name
JDW OF JAX, L.L.C.

APPROVED
AND
FILED

00 MAY 22 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

642484



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1300 RIVERPLACE BLVD
STE 620
JACKSONVILLE FL 32207**

Mailing Address
**1300 RIVERPLACE BLVD
STE 620
JACKSONVILLE FL 32207-9081**

2. Principal Place of Business
6215 Wilson Blvd
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 441149
Suite, Apt. #, etc.

City & State
Jacksonville, Fl.

City & State
Jacksonville, Fla.

Zip
32210

Country
USA

Zip
32222

Country
USA

4. FEI Number
59-3643850

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BRANNEN, WILLIAM M
~~1300 RIVERPLACE BLVD~~ **6215 Wilson Blvd**
~~STE 620~~ **Jacksonville, Fla. 32210**
JACKSONVILLE FL 32207

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM JJD, INC. 1300 RIVERPLACE BLVD., STE 620 JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6215 Wilson Blvd Jacksonville, Fl. 32210	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **WILLIAM M. BRANNEN, V.P.** **3/14/00** **904-779-5353**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

0000121 AF

CR2E083 (9/99)