

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -3 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005517

1. Entity Name  
WOODBINE JAX COMPANY, L.C.

Principal Place of Business  
C/O WOODBINE GROUP, INC.  
1030 EAST GENESEE STREET  
SYRACUSE NY 13202

Mailing Address  
C/O WOODBINE GROUP, INC.  
1030 EAST GENESEE STREET  
SYRACUSE NY 13202-1943

2. Principal Place of Business

3. Mailing Address

505 E Fayette ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
SYRACUSE NY

Zip

Country

Zip

Country

13202

U.S.A.

4. FEI Number

065348838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

AINSLEY SUPERIOR WAREHOUSE - FLORIDA, INC.  
1063 CANADA DRIVE  
EMSON INTERNATIONAL INDUSTRIAL PARK  
JACKSONVILLE FL 32218

## 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	<input type="checkbox"/> Delete
NAME	SWANSON, NORMAN	
STREET ADDRESS	1030 EAST GENESEE STREET	
CITY - ST - ZIP	SYRACUSE NY 13202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	

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\*\*\*\*\*50.00 \*\*\*\*\*50.00

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 (Norman E Swanson)

4/6/00

315-471-7400

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

Date

Daytime Phone #

CE 11 3 (9/93)