

2000 UNIFORM BUSINESS REPORT (UBR)

0011221 AF

DOCUMENT # L99000005666

1. Entity Name
JMCG/THREE LLC

FILED

00 JAN 27 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3521 BONITA BAY BLVD
BONITA SPRINGS FL 34134

Mailing Address
3521 BONITA BAY BLVD
BONITA SPRINGS FL 34134-1624



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

PRICE, R. SCOTT
KELLY, PRICE, PASSIDOMO, SIKET & SOLIS
2640 GOLDEN GATE PARKWAY, SUITE 315
NAPLES FL 34105

Name
PRICE, SIKET & SOLIS, LLP
Street Address (P.O. Box Number is Not Acceptable)
C/O R. SCOTT PRICE, ESQ.
2640 GOLDEN GATE PKWY, STE 115
City NAPLES FL Zip Code 34105-3263

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)

1/24/00
DATE

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	MGR MCGARVEY, JOHN S 3521 BONITA BAY BLVD. BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCGARVEY, JOANNE H 3521 BONITA BAY BLVD. BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WOUGH, STEVEN TRUSTEE 840 N. LENOLA ROAD, UNIT 1 MOORESTOWN NJ 08057	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GERNER, DANIEL F TRUSTEE 840 N. LENOLA ROAD, UNIT 1 MOORESTOWN NJ 08057	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAILMAN, RICHARD TRUSTEE 840 N. LENOLA ROAD, UNIT 1 MOORESTOWN NJ 08057	<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"/> Change <input type="checkbox"/> Addition
	400003119554--4 -02/01/00--01130--004 *****50.00 *****50.00	<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:

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

Date

Daytime Phone #

1-20-00 941-992-8940

CR2E083 (9/99)