

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0002192 AF

DOCUMENT # L99000006190

1. Entity Name
G. W. JORDAN AND ASSOCIATES, L.L.C.

00 APR 17 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6110 NORTHWEST 66TH WAY
PARKLAND FL 33067

Mailing Address
6110 NORTHWEST 66TH WAY
PARKLAND FL 33067-1310



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

MIM

4. FEI Number

65-0958674

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JORDAN, GREGORY W
6110 NORTHWEST 66TH WAY
PARKLAND FL 33067

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

10. ADDITIONS / CHANGES

TITLE NAME MGR
STREET ADDRESS JORDAN, GREGORY W
CITY - ST - ZIP 6110 NORTHWEST 66TH WAY
PARKLAND FL 33067 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000003229870--5
CITY - ST - ZIP -04/28/00--01115--020
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

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

TITLE NAME ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.03(1), 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 by me in person; that I am a managing member or manager of the limited liability company, receiver or trustee empowered to execute this report as required by Chapter 689, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

Sign Here

Gregory W Jordan

Date

4-12-00

954 255 9627

CR2E083 (9/99)