# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 APR 13 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0000951 AF

DOCUMENT # L99000007773

1. Entity Name
JUST FOR PROFIT, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 341 NORTH MILLS AVENUE<br>ORLANDO FL 32803 | 341 NORTH MILLS AVENUE<br>ORLANDO FL 32803-5733 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1209 Ridgewood Ave. | 1209 Ridgewood Ave. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Orlando FL | Orlando FL |
| Zip 32803 / Country USA | Zip 32803 / Country USA |

DO NOT WRITE IN THIS SPACE
MNM

4. FEI Number 59-3628204 — 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 |
|---|---|
| A.G.C. CO.<br>200 SOUTH ORANGE AVENUE, SUITE 2300<br>ORLANDO FL 32801 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 MGR ☐ Delete<br>NAME RICHARDSON, JAN<br>STREET ADDRESS 341 NORTH MILLS AVENUE<br>CITY-ST-ZIP ORLANDO FL 32803 | TITLE MGR ☐ Change ☒ Addition<br>NAME Bryan Mantz<br>STREET ADDRESS 33229 Ryan Dr. Apt 18<br>CITY-ST-ZIP Leesburg, FL 34788 |
| TITLE MGR ☐ Delete<br>NAME PATRICK, RUTH<br>STREET ADDRESS 341 NORTH MILLS AVENUE<br>CITY-ST-ZIP ORLANDO FL 32803 | TITLE MGR. ☐ Change ☒ Addition<br>NAME JAMES MITCHELL<br>STREET ADDRESS 1698 Bent Oaks Blvd.<br>CITY-ST-ZIP DeLand, FL 32724 |
| TITLE MGR ☐ Delete<br>NAME JENNINGS, JOAN<br>STREET ADDRESS 341 NORTH MILLS AVENUE<br>CITY-ST-ZIP ORLANDO FL 32803 | TITLE MGR ☐ Change ☒ Addition<br>NAME CATHLEEN SHIELDS<br>STREET ADDRESS 827 Coquina Ct.<br>CITY-ST-ZIP Orlando, FL 32807 |
| TITLE MGR ☐ Delete<br>NAME CROWLEY, CAROLE<br>STREET ADDRESS 403 CHESTNUT AVENUE<br>CITY-ST-ZIP ORLANDO FL 32701 | TITLE ☐ Change ☐ Addition<br>NAME 700003224147--6<br>STREET ADDRESS -04/26/00--01015--009<br>CITY-ST-ZIP *****50.00 *****50.00 |
| TITLE MGR ☐ Delete<br>NAME DEVONEY, BEV<br>STREET ADDRESS 138 CORONADO DRIVE<br>CITY-ST-ZIP DEBURY FL 32713 | TITLE MGR ☒ Change ☐ Addition<br>NAME Devoney, BEV<br>STREET ADDRESS 138 CORONADO DR.<br>CITY-ST-ZIP DeBary, FL 32713 |
| TITLE MGR ☐ Delete<br>NAME ~~LUCE, DEANETTA~~ LUCE, DEANETTA<br>STREET ADDRESS ~~12565 RESEARCH PARKWAY, SUITE 300~~ Lennar Homes<br>CITY-ST-ZIP ~~ORLANDO FL 32826-2909~~ 1900 Kings Ridge Blvd. Clermont, FL 34711 | TITLE ☐ Change ☐ Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |

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:** Jan Richardson SIGNATURE REQUIRED 4-5-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

FILED