

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 26 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007788

1. Entity Name  
JDR INVESTORS, L.L.C.

Principal Place of Business  
2636 MELLOW LANE  
SEBRING FL 33870

Mailing Address  
2636 MELLOW LANE  
SEBRING FL 33870-4966

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0961870

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

7. Name and Address of New Registered Agent

HANDLEY, WILLIAM R  
2636 MELLOW LANE  
SEBRING FL 33870

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 STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
MGRM Handley, William R. 2636 Mellow Lane Sebring, FL 33870		<input type="checkbox"/> Delete
MGRM Siracuse, Joan E. 2503 N.W. Lakeview Dr. Sebring, FL 33870		<input type="checkbox"/> Delete
MGRM Rotman, Darrin A. 4316 Mendavia Dr. Sebring, FL 33872		<input type="checkbox"/> Delete
MGRM Rotman, Jenny M. 4316 Mendavia Dr. Sebring, FL 33872		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	600003249946--3 -05/12/00--01022--015 *****55.00 *****55.00	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<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

04/01/00

Date

803/385-2732

Daytime Phone #

CR2E083 (9/99)