

# 2000 UNIFORM BUSINESS REPORT (UBR)

APR 1 2000

FILED

00 MAR 20 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*mf 3/30*



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L99000008323**

1. Entity Name  
**NORMANDY OF JAX, L.L.C.**

Principal Place of Business  
3733 W. UNIVERSITY BLVD., SUITE 115-A  
JACKSONVILLE FL 32217

Mailing Address  
3733 W. UNIVERSITY BLVD., SUITE 115-A  
JACKSONVILLE FL 32217-2109

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

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

**ANSBACHER, LEWIS**  
4215 SOUTHPPOINT BLVD., SUITE 100  
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name *Lewis Ansbacher*

Street Address (P.O. Box Number is Not Acceptable)  
*5150 Belfort Road*

*Building 100*

City *Jacksonville* FL Zip Code *32256*

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]* DATE *3/15/00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

TITLE NAME	MGRM SEGOVIA VENTURES, LTD.	<input type="checkbox"/> Delete
STREET ADDRESS	3733 W. UNIVERSITY BLVD., SUITE 115-A	
CITY - ST - ZIP	JACKSONVILLE FL 32217	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	800003195418-5	
CITY - ST - ZIP	-04/04/00--01077--015	
	*****50.00 *****50.00	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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: *Jordan Ansbacher* SIGNATURE REQUIRED

DATE: *1/5/00* DATE

DAYTIME PHONE #: *(904) 733-1202* DAYTIME PHONE #

CR2E083 (9/99)