

2001 UNIFORM BUSINESS REPORT (UBR)

0028710 AF

DOCUMENT # M00000001233

1. Entity Name
JCJ-VILLAGE, L.L.C.

FILED

01 APR -3 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

100 CENTERVIEW DRIVE, SUITE 200
BIRMINGHAM AL 35216

Mailing Address

100 CENTERVIEW DRIVE, SUITE 200
BIRMINGHAM AL 35216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-1252692

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

PANICO, JAMES P ESQ.
111 S. MAITLAND AVE.
MAITLAND FL 32751

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]*
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

800003992938--7
-04/11/01--01112--015
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature] Joe Ciccarello, Sr. Mgt. Agent 3/30/01 205 823 9101

CR2E083 (11/00)