

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001602 AF

DOCUMENT # M00000002005

1. Entity Name

CORKY'S INVESTMENTS OF JACKSONVILLE, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR 12 AM 11:03

Principal Place of Business

101 FAIRWAY OAKS DRIVE  
ORANGE PARK FL 32003

Mailing Address

101 FAIRWAY OAKS DRIVE  
ORANGE PARK FL 32003

2. Principal Place of Business

1750 WALLIS ROAD

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

City & State

Zip

32003

Country

CLAY

Country

4. FEI Number

31-173112  
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GILBERT, DONALD L  
101 FAIRWAY OAKS DRIVE  
ORANGE PARK FL 32003

7. Name and Address of New Registered Agent

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

TITLE MGR  
NAME GILBERT, DONALD L  
STREET ADDRESS 101 FAIRWAY OAKS DRIVE  
CITY-ST-ZIP ORANGE PARK FL 32003 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
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 of Donald L. Gilbert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/5/01

904-8

534-6428

CR2E083 (11/00)