

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90004 017 ****50.00

DOCUMENT # M96000000150

1. Entity Name
J.A.R. OF VIRGINIA, L.L.C.



Principal Place of Business
**2101 PARKS AVENUE, SUITE 600
VIRGINIA BEACH VA 23451**

Mailing Address
**2101 PARKS AVENUE, SUITE 600
VIRGINIA BEACH VA 23451**

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 **54-1794622**

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

**COOPER CAREER INSTITUTE
2247 PALM BEACH LAKES BLVD.
SUITE 110
WEST PALM BEACH FL 33409**

Name **Charlene Young**
Street Address (P.O. Box Number is Not Acceptable) **2247 PALM BEACH LAKES BLVD**
Suite 110
City **West Palm Beach** FL **33409**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
NAME **JAAP, JOSEPH D**
STREET ADDRESS **129 N WITCHDUCK RD**
CITY-ST-ZIP **VA BEACH VA**

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

TITLE **D** ☐ Delete
NAME **SARIS, ELEANOR**
STREET ADDRESS **2247 PALM BEACH LAKES BLVD.**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED PRESIDENT

3/18/03 757-519-9500

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

Date

Daytime Phone #

CR2E083 (10/02)