

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000542

1. Entity Name
NONA BARNES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 31 AM 10:02

Principal Place of Business
500 WATER ST.
JACKSONVILLE FL 32202

Mailing Address
500 WATER STREET
S/C J-160
JACKSONVILLE FL 32202-4423



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 58-1336409

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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

800003384218--0
-09/06/00--01103--005
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR BECK, S D ☒ Delete
STREET ADDRESS 301 WEST BAY ST.
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE NAME MGR CROSBY, G.A. ☐ Change ☒ Addition
STREET ADDRESS 301 WEST BAY STREET
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE NAME MGR AFTOORA, P.J. ☐ Delete
STREET ADDRESS 500 WATER ST.
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE NAME ~~See attached list~~ ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGR WARD, M J. ☒ Delete
STREET ADDRESS 500 WATER ST.
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE NAME MGR J.R. EVANS ☐ Change ☒ Addition
STREET ADDRESS 500 WATER STREET
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ 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.

CSX Realty Development, LLC sole Member

As Received 8/18/2000

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Patricia J. Aftoora 4/20/00 904-366-4242

Date

Daytime Phone #

CR2E083 (9/99)