

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90083 004 ****50.00

DOCUMENT # M98000000858

1. Entity Name

JEFFERSON HOUSE OF LAKELAND, LLC

Principal Place of Business

**C/O MR. WANG
 1301 N. CONGRESS AVE., STE. 130
 BOYNTON BEACH FL 33462**

Mailing Address

**C/O MR. WANG
 1301 N. CONGRESS AVE., STE. 130
 BOYNTON BEACH FL 33462**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0851992

Applied For

Not Applicable

5. Certificate of Status Desired - ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WALDORF, PAMELA J ESQ.
 C/O WINTHROP, STIMSON, PUTNAM & ROBERTS
 125 WORTH AVENUE, SUITE 310
 PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

**Name: Waldorf, Pamela J.
 Street Address (P.O. Box Number is Not Acceptable): 2200 Centrepark W., Suite 100
 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.

SIGNATURE

Pamela J. Waldorf

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/02

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE: **MGRM** ☐ Delete
 NAME: **SAVANNAH COURT, LLC**
 STREET ADDRESS: **1301 N. CONGRESS AVE., STE. 130**
 CITY-ST-ZIP: **BOYNTON BEACH FL 33462**

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE: ☐ Change ☐ Addition
 NAME:
 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:

Signature Required

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

Date

Daytime Phone #

1-10-02 561-734-2177

CR2E083 (9/01)