

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001390

1. Entity Name
SJGC, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -3 AM 11:02

Principal Place of Business
5601 NW ST. JAMES ROAD
PORT ST. LUCIE FL 34983

Mailing Address
1605 LOUCKS ROAD
YORK PA 17404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

575 E. Chocolate Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Hershey PA

4. FEI Number
54-1927827

Applied For

Not Applicable

Zip

Country

Zip

17033

Country

USA

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MAYS, R. DANIEL
1930 ISAAC NEWTON SQUARE WEST, SUITE 250
RESTON VA 20190 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
575 E. Chocolate Ave
Hershey PA 17033 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GARCHIK, STEPHEN J
1930 ISAAC NEWTON SQUARE WEST, SUITE 250
RESTON VA 20190 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
575 E. Chocolate Ave
Hershey PA 17033 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CAPORALETTI, JOHN
1605 LOUCKS ROAD
YORK PA 17404 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
575 E. Chocolate Ave
Hershey PA 17033 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SNIDER, STEVEN S
1455 PENNSYLVANIA AVE. NW, SUITE 1000
WASHINGTON DC 20004 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700003418227--2
-10/09/00--01015--025
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LEAHY, WILLIAM F
1455 PENNSYLVANIA AVE. NW, SUITE 1000
WASHINGTON DC 20004 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

9/25/00

Date

717-312-1355

Daytime Phone #