

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000144

1. Entity Name
JULIP, L.L.C.

FILED

00 JAN 20 PM 4: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
ROUTE 1, BOX 2770
HAVANA FL 32333

Mailing Address
ROUTE 1, BOX 2770
HAVANA FL 32333-9726



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
606 Robin Lane
Suite, Apt. #, etc.

3. Mailing Address
606 Robin Lane
Suite, Apt. #, etc.

City & State
Havana Florida

City & State
Havana Florida

4. FEI Number 59-3553046

Applied For
Not Applicable

Zip Country
32333 Gadsden

Zip Country
32333 Gadsden

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

GOLDBERG, STUART E
2120 KILLARNEY WAY
TALLAHASSEE FL 32308

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 NAME ☐ Delete
MGRM DE LA VALDENE, GUY
STREET ADDRESS ROUTE 1, BOX 2770
CITY-ST-ZIP HAVANA FL 32333

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 0000003112380--5
CITY-ST-ZIP -01/27/00--01020--010
*****50.00 *****50.00

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

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

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STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
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.

SIGNATURE:

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

1-18-2000

850-539-8927

Date

Daytime Phone #