

2001 UNIFORM BUSINESS REPORT (UBR)

0027520 AF

DOCUMENT # M99000001996

1. Entity Name

JK HARRIS & COMPANY, LLC

Principal Place of Business

4975 LACROSS ROAD, STE 300
N. CHARLESTON SC 29406

Mailing Address

4975 LACROSS ROAD, STE 300
N. CHARLESTON SC 29406

FILED

01 JAN 22 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4995 LACROSS RD

Suite, Apt. #, etc.

1115

City & State

N. CHARLESTON, SC

Zip

29406

Country

USA

3. Mailing Address

4995 LACROSS RD.

Suite, Apt. #, etc.

1115

City & State

N. CHARLESTON, SC

Zip

29406

Country

USA

4. FEI Number

57-1061173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEDFORD, LENNY

1300 EXECUTIVE CENTER DR., STE 232
TALLAHASSEE FL 32241

7. Name and Address of New Registered Agent

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

100003576811--7
-01/26/01--01066--021
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME HARRIS, JOHN K
STREET ADDRESS 4975 LACROSS ROAD, STE 300
CITY-ST-ZIP N. CHARLESTON SC 29406 ☐ Delete

TITLE MGRM
NAME HARRIS, CHARLES R
STREET ADDRESS 4975 LACROSS ROAD, STE 300
CITY-ST-ZIP N. CHARLESTON SC 29406 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED

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

Date

1/17/01 843-576-2255

Daytime Phone #

CR2E083 (11/00)