

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29150

1. Entity Name

LL.Y.A., INC.

Principal Place of Business

6527 MERRILL RD.
JACKSONVILLE FL 32277
US

Mailing Address

P O BOX 15096
JACKSONVILLE FL 32239-5096

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2941733

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOHO, MARIE
2137 BROADWATER DR
JACKSONVILLE FL 32225

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ALSOBROOK, CHUCK	
STREET ADDRESS	6415 BAYFIELD DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	YOHO, MARIE	
STREET ADDRESS	2137 BROAD WATER DR	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HENDON, KATRINA	
STREET ADDRESS	329 FULLMOUN TRAIL	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROETS, TOM	
STREET ADDRESS	13985 CANOPY OVERLOOK CT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WHITE, JULIE	
STREET ADDRESS	7741 BROCKHURST DR	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric Johnson	
STREET ADDRESS	12031 Saverio Ln	
CITY-ST-ZIP	Jax., FL 32225	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Clay	
STREET ADDRESS	7014 Greenfern Ln	
CITY-ST-ZIP	Jax., FL 32277	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tina Annuzzi	
STREET ADDRESS	6930 Eaton Avenue	
CITY-ST-ZIP	Jax., FL 32277	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen K. Clay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Treasurer

Date

Daytime Phone #

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90014 016 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)