

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000090772

1. Entity Name

L & J PROPERTY MANAGEMENT COMPANY

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90014 013 \*\*\*150.00

Principal Place of Business

211 NE 1ST ST  
GAINESVILLE FL 32601

Mailing Address

P.O. BOX 23879  
GAINESVILLE FL 32602-3879

2. Principal Place of Business

402 NE Chokolka Blvd.

3. Mailing Address

P.O. Box 667

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Micanopy, FL

City & State  
Micanopy, FL

Zip

32667

Country

Zip

32667

Country

4. FEI Number

59-3674238

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

Name

Mrs. Julia A. Boggs

Street Address (P.O. Box Number is Not Acceptable)

402 NE Chokolka Blvd.

MAIL TO: Box 667

City

Micanopy

FL

Zip Code  
32667

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BOGGS, JULIA A  
4249 PALMETTO DR  
LEXINGTON KY 40513 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPTS  
BOGGS, JULIA A.  
P.O. Box 667  
MTCANOPY, FL 32667 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JULIA BOGGS  
Box 445  
Micanopy FL 32667 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ 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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01 352-466-3322  
Date Daytime Phone #

CR2E034 (10/00)