

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008574

1. Entity Name

JLR PROPERTIES, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90056 022 ***150.00

Principal Place of Business 291 SOUTHHALL LANE MAITLAND FL 32751	Mailing Address 291 SOUTHHALL LANE MAITLAND FL 32751-7290
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3422575		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROBINSON, RICHARD M 201 EAST PINE STREET SUITE 1200 ORLANDO FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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, 2000 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOUSE, JEFFREY T MD 291 SOUTHHALL LANE MAITLAND FL 32751 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD G.EDWIN WILSON, MD 291 SOUTHHALL LN MAITLAND, FL 32751 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOBSON, CHRISTOPHER E 291 SOUTHHALL LANE MAITLAND FL 32751 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCARIO, THOMAS J 291 SOUTHHALL LANE MAITLAND FL 32751 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ANGERT, KEVIN C MD 291 SOUTHHALL LANE MAITLAND FL 32751 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOUSE, JEFFERY T, MD 291 SOUTHHALL LN MAITLAND, FL 32751 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLO, JOSEPH A JR 291 SOUTHHALL LANE MAITLAND FL 32751 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRELL, JERRY W MD 291 SOUTHHALL LANE MAITLAND FL 32751 ☐ 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:

G. Edwin Wilson **G.EDWIN WILSON, MD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/00

Date

(407)667-0505

Daytime Phone #

CR21 (1/14/99)