## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # **P97000030635** 1. Entity Name JMM INVESTMENTS G.P., INC. 05-03-2001 91155 042 \*\*\*150.00 Principal Place of Business Mailing Address 1000 VICARS LANDING WAY A-102 1000 VICARS LANDING WAY A-102 PONTE VEDRA BEACH FL 32082-1251 PONTE VEDRA BEACH FL 32082-1251 00040326 2. Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 59-3436486 Not Applicable Country NASSAL \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent --7. Name and Address of New Registered Agent TAYLOR, JOHN C JR Street Address-P.O. Box Number is No Acceptat **50 NORTH LAURA STREET** SUITE 3500 JACKSONVILLE FL 32202 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME MCARTHUR, JULIA M NAME STREET ADDRESS 100 VICARS LANDING WAY, G-204 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082-1251 Change TITLE ☐ Delete TITLE ☐ Addition NAME TAYLOR, JULIA M NAME STREET ADDRESS **67 LONG POINT DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>AMELIA ISLAND FL 32034</u> TITLE ☐ Delete -TITLE ☐ Change ☐ Addition WAECHTER, C. WILLIAM JR NAME STREET ADDRESS 9 RALSTON ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA 23229-8021 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CiTY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Description of Figure 1 Director 1