

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L95000000917**

1. Entity Name
AUTUMN PROPERTIES, L.C.

FILED

W/L 1/20

00 JAN 13 PM 12:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
5155 S.E. 44TH AVENUE/ROAD 5155 S.E. 44TH AVENUE/ROAD
OCALA FL 34480 Ocala FL 34480-7366



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 **59-3350280** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

WILKINSON, MICHAEL
5155 S.E. 44TH AVENUE/ROAD
OCALA FL 34480

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME Delete
MEM WILKINSON, MICHAEL
STREET ADDRESS **5155 S.E. 44TH AVENUE/ROAD**
CITY-ST-ZIP **OCALA FL 34480**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
MGRM WILKINSON, DEBRA
STREET ADDRESS **5155 S.E. 44TH AVENUE/ROAD**
CITY-ST-ZIP **OCALA FL 34480**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

400003117474--7
-02/01/00--01025--021
*******50.00 *****50.00**

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME 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 *Debra D. Wilkinson* **Debra D. Wilkinson** Date **1/11/00** Daytime Phone # **352-694-1231**