

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004506

1. Entity Name

MAINSTREET CROSSROADS, L.L.C.

FILED

00 JAN 20 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6565 NORTH W STREET, SUITE 260
PENSACOLA FL 32501

Mailing Address

6565 NORTH W STREET, SUITE 260
PENSACOLA FL 32505-1715



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3588721

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOOKMAN, ALAN B
30 SOUTH SPRING STREET
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

Brian-K. Spencer

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

200 E. Government Street, Box 18

City

Pensacola

FL

Zip Code

32501

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

1/10/00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP
MGRM PENSACOLA REALTY INVESTMENTS, L.L.C. ☐ Delete
6565 NORTH W STREET, SUITE 260
PENSACOLA FL 32501

TITLE NAME STREET ADDRESS CITY- ST- ZIP
MGRM NORTHPORT PROPERTIES, INC. ☐ Delete
17 E. MAIN STREET
PENSACOLA FL 32501

TITLE NAME STREET ADDRESS CITY- ST- ZIP
MGRM MERRILL LAND COMPANY ☐ Delete
P.O. BOX 710
PENSACOLA FL 32593

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition
600003117586--6
-02/01/00--01029--020
*****50.00 *****50.00

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

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

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

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/9/00