

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -7 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

651729

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000009075

1. Entity Name
REDFISH ENTERPRISES, L.L.C.

Principal Place of Business **Mailing Address**

1234 Timberlane Road
Tallahassee, Fl. 32312

2. Principal Place of Business **3. Mailing Address**

1234 Timberlane Road
Suite, Apt. #, etc.

City & State **City & State**

Tallahassee, Fl.
Zip Country Zip Country

32312 USA

4. FEI Number **Applied For**

59-3605463 Not Applicable

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

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

Robert C. James
3812 Bobbin Brook Circle
Tallahassee, Fl. 32312

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 *Robert C. James* Signature, typed or printed name of registered agent and title if applicable. (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 STREET ADDRESS CITY-ST-ZIP	President Janice K. Britt-Woods <i>MGRM</i> 7708 Summer Tanagér Drive Tallahassee, Fl. 32312	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer David Alan Warren <i>MGRM</i> 3688 Pine Tip Road Tallahassee, Fl. 32312	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Harry Roark James <i>MGRM</i> 2065 Forest Drive West Tallahassee, Fl. 32303	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chariman of the Board Robert C. James - <i>MGRM</i> 3812 Bobbin Brook Circle Tallahassee, Fl. 32312	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert C. James* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER** **Date** **Daytime Phone #**

CR2E083 (11/99)