

# 2001 UNIFORM BUSINESS REPORT (UBR)

0024305 AF

**DOCUMENT #** L99000009166  
**1. Entity Name**  
 PROSPERITY 2000, LLC

FILED

01 APR -5 PM 4:12

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Principal Place of Business**  
 11-C WEST 23RD STREET  
 PANAMA CITY FL 32405

**Mailing Address**  
 11-C WEST 23RD STREET  
 PANAMA CITY FL 32405



**2. Principal Place of Business**  
 1001 E. BUSINESS Hwy 98  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 1001 E. BUSINESS Hwy 98  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
 PANAMA CITY, FL

**City & State**  
 PANAMA CITY, FL

**Zip**  
 32401

**Country**  
 USA

**Zip**  
 FL 32401

**Country**  
 USA

**4. FEI Number**  
 59-3621735

**Applied For**  
 Not Applicable

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

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

CRISP, DONALD R  
 11-C WEST 23RD STREET  
 PANAMA CITY FL 32405

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

**Name**  
 DONALD K. CRISP

**Street Address (P.O. Box Number is Not Acceptable)**  
 1001 E. BUSINESS Hwy 98

**City**  
 PANAMA CITY

**FL**

**Zip Code**  
 32401

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRISP, DONALD R 11-C WEST 23RD STREET PANAMA CITY FL 32405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONALD K. CRISP 1001 E. BUSINESS Hwy 98 PANAMA CITY, FL 32401 <input checked="" 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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 \*\*\*\*\*50.00 \*\*\*\*\*50.00

**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:** \_\_\_\_\_ **Date** 4/4/01 **Daytime Phone #** 850/763-2299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)