2000 UNIFORM BUSINESS REPORT (UBR)

0016033 AB

DOCUMENT # M97000000546

1. Entity Name

ALABAMA & GULF COAST RAILWAY LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 PM 12:13

Principal Place of Business	Mailing Address
224 N. MT. PLEASANT AVE. MONROEVILLE AL 36461	P.O. BOX 339 MONROEVILLE AL 36461-0339

DO NOT WRITE IN THIS SPACE

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 75-2714522 ☐ Applied For ☐ 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
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGR KLEIFGEN, J. PETER 7557 RAMBLER ROAD, SUITE 280 DALLAS TX 75231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JACULLO, PETER J 21 BERMUDA ROAD WESTPORT CT 06880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	mf 2/15/00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WIDENER, DAVID L 2535 TECH DRIVE, SUITE 111 BETTENDORF IA 52722	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300031401 23--2 -02/18/00--01088--004 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JENSEN, ANNIE 2535 TECH DRIVE, SUITE 111 BETTENDORF IA 52722	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR NICOLETTI, WILLIAM VAN BEUREN ROAD MORRISTOWN NJ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/99)

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 REQUIRED 2-4-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #