

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007263

1. Entity Name

S.G. PROPERTIES OF NORTH FLORIDA, LLC

Principal Place of Business

5750 AVENUE G  
MCINTOSH FL

Mailing Address

P.O. BOX 265  
MCINTOSH FL 32664

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 SEP 26 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-365547

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

BOONE, SAM W JR  
205 NE 1ST STREET  
GAINESVILLE FL 32601

605 NE 1st Street  
Ste E

Name SAM W BOONE, JR  
Street Address (P.O. Box Number is Not Acceptable)  
605 NE 1st Street  
Suite 25  
City GAINESVILLE  
FL Zip Code 32601

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 26, 2001

400004616384--2  
-09/28/01--01049--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MANAGER	<input type="checkbox"/> Delete
NAME	WILLIAM G. BOONE, JR.	
STREET ADDRESS	5750 AVE G	
CITY-ST-ZIP	MCINTOSH, FL 32664	
TITLE	MANAGER	<input type="checkbox"/> Delete
NAME	BOONE, W. G. JR.	
STREET ADDRESS	5750 AVE G	
CITY-ST-ZIP	MCINTOSH, FL 32664	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 OF BOONE, W. G. JR. 9/28/01 352 591-2370

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

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E083 (5/01)

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