

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A13162**

1. Entity Name

77, LTD.

FILED

00 FEB -7 PM 4: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

POST OFFICE DRAWER 16227
MOBILE AL 36616

Mailing Address

POST OFFICE DRAWER 16227
MOBILE AL 36616-0227



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-0829295

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBB, SUE

011-C WEST 23RD. STREET
PANAMA CITY FL 32405-4552

Name *Sue Webb*

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

429 S. Tyndall Pky Suite D

City *Panama City*

FL

Zip Code

32404

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

9. Capital Contributions
as Shown on record.

\$40,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

WHITE-SPUNNER, B.
3201 DAUPHIN STREET
MOBILE AL 36606

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

AUSTILL, JERE, JR.
3201 DAUPHIN STREET
MOBILE AL 36606

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

BATES, RONALD G.
3201 DAUPHIN STREET
MOBILE AL 36606

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/19/2000

CR2E003 (9/99)