

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001333

1. Entity Name  
MAGNOLIA APARTMENTS, LLC

FILED

01 APR 26 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4697 NORTH MONROE STREET  
TALLAHASSEE FL 32303

Mailing Address  
4697 NORTH MONROE STREET  
TALLAHASSEE FL 32303



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business  
631 Chancery Ln.  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 4263  
Suite, Apt. #, etc.

City & State  
Tallahassee, FL  
Zip  
32308  
Country  
U.S.

City & State  
Tallahassee, FL  
Zip  
32315  
Country  
U.S.

4. FEI Number  
59-3625778

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

LOVETT, JOHN C ESQ.  
106 EAST COLLEGE AVENUE, SUITE 1200  
TALLAHASSEE FL 32301

## 7. Name and Address of New Registered Agent

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPEARS, DONALD M P.O. BOX 622 MALVERN AK 72104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOOTH, HURLEY H JR. 4697 NORTH MONROE STREET TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAWSON, JOHN S JR. P.O. BOX 752 CAMDEN AK 71701	<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	<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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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:

SIGNATURE

4/18/1 8505622112

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

Date

Daytime Phone #

0003414 AF

CB2E083 (11/00)