

2001 UNIFORM BUSINESS REPORT (UBR)

0004423 AF

DOCUMENT # L00000002105

1. Entity Name
AMBASSADOR GROUP OF PENSACOLA, L.L.C.

FILED

01 JUN -7 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
PO BOX 13052 PO BOX 13052
PENSACOLA FL 32591-3052 PENSACOLA FL 32591-3052



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number ☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCKENZIE, GERALD
6 NORTH H STREET
PENSACOLA FL 32501

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

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MR. GERALD MCKENZIE MGRM original
STREET ADDRESS	1307 E. HATTEN ST.
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MR. OLIVER M. DARDEN MGRM original
STREET ADDRESS	4184 MADURA RD.
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MR. EDDIE S. TODD MGRM original
STREET ADDRESS	695 W. LEE ST.
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

GERALD MCKENZIE 4/29/01 850 438-6800

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