

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002956

1. Entity Name

A CRA-"Z"-A-FAIR, L.L.C.

Principal Place of Business

3115 MARCUS POINTE BLVD.
PENSACOLA FL 32505

Mailing Address

3115 MARCUS POINTE BLVD.
PENSACOLA FL 32505

2. Principal Place of Business

100 Loblolly Lane

Suite, Apt. #, etc.

3. Mailing Address

1600 N. 15th. Ave.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32526

Country

Escambia

Zip

32503

Country

Escambia

4. FEI Number

59-3634494

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHASE, JAMES L

101 E. GOVERNMENT STREET

PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

Larry W. Thomas

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

1600 N. 15th. Ave.

City

Pensacola

FL

Zip Code

32503

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.

Larry W. Thomas Sec./Tres.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/16/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE President ☐ Delete
NAME Terry L. Thomas
STREET ADDRESS 3115 Marcus Pointe Blvd.
CITY-ST-ZIP Pensacola, FL 32505

TITLE Vice-President ☐ Delete
NAME Joseph J. Thomas
STREET ADDRESS 5756 Nowling Drive
CITY-ST-ZIP Milton, FL 32583

TITLE Secretary/Treasurer ☐ Delete
NAME Larry W. Thomas
STREET ADDRESS 1600 N. 15th. Ave.
CITY-ST-ZIP Pensacola, FL 32503

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Larry W. Thomas

03/16/01 850-432-2631

Date

Daytime Phone #

0003844 AF

CR2E083 (11/00)

FILED

01 MAR 19 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE