

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003263

1. Entity Name

YELLOW WATER INVESTMENTS, LLC

APPROVE  
AND  
FILED

01 APR 27 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1200 RIVER PLACE BLVD. #902  
JACKSONVILLE FL 32207

Mailing Address

1200 RIVER PLACE BLVD. #902  
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

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

INTERSTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE., SUITE 3000  
MIAMI FL 33131

Name

BRIAN BROWN

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

1200 RIVERPLACE BLVD SUITE 902

City

JACKSONVILLE

FL

Zip Code  
32207

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

*Brian E. Brown*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/01  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER ☐ Delete  
LONGLEAF TIMBER COMPANY INC  
1200 RIVERPLACE BLVD SUITE 902  
JACKSONVILLE, FL 32207

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
200004211732--3  
-05/11/01--01073--018  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ 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:

*Brian E. Brown*

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

Date

Daytime Phone #

4/10/01

CR2E083 (11/00)