

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 25 PM 12:35

DOCUMENT # L00000003483

1. Entity Name
CAPITAL CITY LAND, LLC



Principal Place of Business
9105 OLD ST. AUGUSTINE
TALLAHASSEE, FL 32311

Mailing Address
9105 OLD ST. AUGUSTINE
TALLAHASSEE, FL 32311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
4178 Apalachee Pkwy.

Suite
4178 Apalachee Pkwy.

City & State
Tallahassee, FL 32311

City & State
Tallahassee, FL 32311

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3637585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETRANDIS, JOHNNY
9105 OLD ST. AUGUSTINE
TALLAHASSEE, FL 32311

Name

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

Johnny Petrandis
4178 Apalachee Pkwy.

City

Tallahassee, FL 32311 Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE PRS
NAME PETRANDIS, JOHNNY
STREET ADDRESS 9105 OLD ST. AUGUSTINE
CITY-ST-ZIP TALLAHASSEE, FL 32311 ☐ Delete

TITLE
NAME 4178 Apalachee Pkwy.
STREET ADDRESS Tallahassee, FL 32311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Pns Johnny Petrandis
NAME 4178 Apalachee Pkwy.
STREET ADDRESS Tallahassee, FL 32311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
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:

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

Date

Daytime Phone #

CR2E083 (10/02)