

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007677

1. Entity Name

Sundew Mitigation Bank, L.L.C.

Principal Place of Business  
550 Greensboro Ave.  
Suite 507  
Tuscaloosa, AL 35401

Mailing Address  
550 Greensboro Ave.  
Suite 507  
Tuscaloosa, AL 35401

FILED

2001 MAY-9 PM 4:10  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-1260226

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Ford, Jeter, Bowlus, Duss & Morgan, P.A.  
10110 San Jose Boulevard  
Jacksonville, Florida 32257

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Manager  
Ernest E. Hale, III  
550 Greensboro Ave, Suite 507  
Tuscaloosa, AL 35401

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Manager asst.  
Michael L. Epsman  
550 Greensboro Ave, Suite 507  
Tuscaloosa, AL 35401

☐ Delete

TITLE  
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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 #

4/17/2001 205/752-7965