

2001 UNIFORM BUSINESS REPORT (UBR)

0001924 AF

DOCUMENT # L00000008122

1. Entity Name
G&H INVESTMENTS, L.L.C.

FILED

2001 APR 27 PM 3:10

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2831 LEM TURNER RD.
CALLAHAN FL 32011

Mailing Address
2831 LEM TURNER RD.
CALLAHAN FL 32011

2. Principal Place of Business
11067 Daybreak Dr
Suite, Apt. #, etc.

3. Mailing Address
11067 Daybreak Dr
Suite, Apt. #, etc.

City & State
Callahan, Florida
Zip 32011 Country US

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Callahan, Florida
Zip 32011 Country US

4. FEI Number
59-3660264
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
THAMES, RICHARD R ESQ
STUTSMAN & THAMES PA
121 W FORSYTH ST SUITE 600
JACKSONVILLE FL 32202

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 _____ (NOT : Registered Agent signature required when reinstating) DATE _____

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

000004220580--7
-05/16/01--01108--001
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HIGGINBOTHAM, ALBERT L 6341 SANDY FORD ROAD CALLAHAN FL 32011	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAHAM, SHARI T 2831 LEM TURNER ROAD CALLAHAN FL 32011	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Shari T Graham 1-10-01 (904) 757-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)