

# 2001 UNIFORM BUSINESS REPORT (UBR)

0031968 SP

DOCUMENT # L00000008886

1. Entity Name

TIMBER POINTE, LLC

FILED

01 APR 16 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
11111-2A SAN JOSE BLVD.. NUMBER 276 11111-2A SAN JOSE BLVD.. NUMBER 276  
JACKSONVILLE FL 32223 JACKSONVILLE FL 32223



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
11111-70 San Jose Blvd 11111-70 San Jose Blvd.

Suite, Apt. #, etc.

Box 276

Suite, Apt. #, etc.

Box 276

City & State  
Jacksonville, Fl

City & State  
Jacksonville, Fl

4. FEI Number  
59-3660168

Applied For  
Not Applicable

Zip Country  
32223 Duval

Zip Country  
32223 Duval

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

LEGLER, MITCHELL W  
300A WHARFSIDE WAY  
JACKSONVILLE FL 32207

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

700004078637--1  
-04/25/01--01114--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Pres, Asst Sect, D ☐ Delete  
NAME Christopher B. Herrin, Sr.  
STREET ADDRESS 11111-70 San Jose Blvd.#276  
CITY-ST-ZIP Jacksonville, Fl 32223

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

TITLE Vice Pres, Sect, D ☐ Delete  
NAME Kimberly Galen  
STREET ADDRESS 11111-70 San Jose Blvd.#276  
CITY-ST-ZIP Jacksonville, Fl 32223

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

TITLE V-Pres, D ☐ Delete  
NAME Gary F. Hannon  
STREET ADDRESS 11111-70 San Jose Blvd.#276  
CITY-ST-ZIP Jacksonville, Fl 32223

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Christopher B. Herrin, Sr. 4/13/01 262-7718

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

Date

Daytime Phone #

CR2E083 (11/00)