

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004428 AF

DOCUMENT # L00000009428

1. Entity Name  
12 PALAFOX PLACE LLC

Principal Place of Business  
226 PALAFOX PLACE, SIXTH FLOOR  
PENSACOLA FL 32501

Mailing Address  
P.O. BOX 710  
PENSACOLA FL 32593-0710

FILED

01 FEB 22 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3662760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHILL, LAWRENCE C  
226 PALAFOX PLACE, SIXTH FLOOR  
PENSACOLA FL 32501

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

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  
MGRM MERRILL, WILLIS C III  
STREET ADDRESS  
226 PALAFOX PLACE, SIXTH FLOOR  
CITY-ST-ZIP  
PENSACOLA FL 32501 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300003782623--4  
-02/27/01--01078--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE NAME  
MGRM MERRILL, BURNEY H  
STREET ADDRESS  
226 PALAFOX PLACE, SIXTH FLOOR  
CITY-ST-ZIP  
PENSACOLA FL 32501 ☐ Delete

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

TITLE NAME  
MGRM MERRILL, J. COLLIER  
STREET ADDRESS  
226 PALAFOX PLACE, SIXTH FLOOR  
CITY-ST-ZIP  
PENSACOLA FL 32501 ☐ Delete

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

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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: *Willis C Merrill*

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

COLLIER

MERRILL

2-14-01

850-438-0955

Date

Daytime Phone #

CR2E083 (11/00)