2001 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nam	MENT #	L0000	0010336				•		FI	LED	·	
EVERGLADES HOLDING COMPANY, LLC								01	MAY -	PM (5: 22	
Principal Place of Business Mailing Address						·		TALL	CRETAR AHASS	EE, FL	ORIDA	•
237-15TH STREET NORTH ST. PETERSBURG FL 33705 ST. PETERSBURG FL 33705											,	
											ir i (1 8 11 88198 1111	
2. Principal Place of Business			3. Mailing Address		<u></u>							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State				4. FEI N	Number 3	670	96		pplied For ot Applicable
Zip	Cour	ntry	Zip	Cour	ntry		5. Certi	ficate of Stati	us Desired		\$5.00 Ad Fee Require	ditional
	6. Name and Ad	idress of Current I	Registered Agent				7. Nam	e and Addre	ss of New I	Registered	i Agent	
RFFR W	TERRILL JR		· / -	-	" Name						†·	
reeb, W. Terrill Jr. 237-15TH Street North St. Petersburg Fl 33705					Street	t Address (F	Address (P.O. Box Number is Not Acceptable)					
			:							,		
					City				•	F	Zip Cod	le
O The at-	namad antih auhmi	ts this statement for	the purpose of changing	its :agister	ed office		ed agent	or both, in the	s State of FI		- 1	
 ine above 	Hameu enuty suprin					or registere						
o. The above	riamed entity soomi	is this statement for	and her here are a second and	ito ogiotori		or registere	o agont,					
SIGNATURE .	Signature, typed or printed					or registere			·	DATE	•	
			nd title if applicable. (N	OTE Registere	d Agent sig	nature required			·	DATE	·	
			nd title if applicable. (N	OTE Registere	d Agent sig	nature required	when reinstati			DATE	<u>.</u>	·
	Signature, typed or printed		rid title if applicable. (N	OTE Registere	d Agent sig	nature required	when reinstati	ng)	ADDITIONS		:s	
SIGNATURE . 9. TITLE	Signature, typed or printed N MGR	name of registered agent a	rid title if applicable. (N	NC W!!! Par able t	d Agent sig	nature required	when reinstati	ng)		/CHANGE	☐ Change*	☐ Addition
9. TITLE NAME	Signature, typed or printed MGR REEB, W. TERRI	name of registered agent a MANAGING MEMBE LL JR.	rid title if applicable. (N FILE Make Check I	NC W!!! Par able t	d Agent sig	\$50.00 artment of	when reinstati	ng)	0004 =05/1	7.CHANGE 4.27. 18/01-	Change' 2 1/1 7 -01131-	Addition
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