

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011154

1. Entity Name

CORDOVA ASSOCIATES, L.L.C.

Principal Place of Business

125 WEST ROMANA STREET, SUITE 224
PENSACOLA FL 32501

Mailing Address

125 WEST ROMANA STREET, SUITE 224
PENSACOLA FL 32501

2. Principal Place of Business

3300 NORTH PAGE BLVD

3. Mailing Address

1310 ARIOLA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PENSACOLA

PENSACOLA BEACH

City & State

City & State

FLA

FLA

Zip

Country

Zip

Country

32505

USA

32501

4. FEI Number

59-3670-926

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOZIER, DANIEL R

125 WEST ROMANA STREET, SUITE 224
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

Daniel R. Lozier

Street Address (P.O. Box Number is Not Acceptable)

24 West Chase ST.

City

Pensacola

FL

Zip Code

32501

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

Daniel R. Lozier
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM ☐ Delete
NAME RUSSENBERGER, RAY D
STREET ADDRESS 815 SOUTH PALAFOX PLACE
CITY-ST-ZIP PENSACOLA FL 32501

TITLE MGRM ☐ Delete
NAME EMLING, CHARLES A III
STREET ADDRESS 815 SOUTH PALAFOX PLACE
CITY-ST-ZIP PENSACOLA FL 32501

TITLE MGRM ☐ Delete
NAME MATT DURNEN
STREET ADDRESS 1310 ARIOLA DRIVE
CITY-ST-ZIP PENSACOLA BEACH FLA 32501

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10.

ADDITIONS / CHANGES

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

TITLE ☐ Change ☐ Addition
NAME 100003768601
STREET ADDRESS -02/26/01--01136--024
CITY-ST-ZIP *****50.00 *****50.00

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

Charles A. Emling

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

2-10-2001

Date

850-469-9904

Daytime Phone #

CR2E083 (11/00)

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FILED

01 FEB 22 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE