

2001 UNIFORM BUSINESS REPORT (UBR)

0001891 AF

DOCUMENT # L00000013393

1. Entity Name
SEYMOR AND, LLC

FILED
01 FEB -1 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
100 SOUTHPARK BLVD., SUITE 206
ST. AUGUSTINE FL 32086

Mailing Address
100 SOUTHPARK BLVD., SUITE 206
ST. AUGUSTINE FL 32086

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

4. FEI Number
59-3684256

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
MORAR, GEORGE JR.
334 MARSH POINT CIRCLE
ST. AUGUSTINE FL 32080

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	George Morar, Jr.	334 Marshpoint Circle	St. Augustine, FL 32080	<i>MGM</i>
	David M. Andrews	339 Marshside Drive North	St. Augustine, FL 32080	<i>MGM</i>

10. ADDITIONS/CHANGES

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 1-17-2001
Daytime Phone #: 904 826-1987

CR2E083 (11/00)