

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L00000016218

**1. Entity Name**  
PARADOX PROPERTIES OF NORTHWEST FLORIDA, L.L.C.

**FILED**  
01 FEB 26 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**      **Mailing Address**  
224 Northcliff Dr.  
Gulf Breeze, FL  
32561

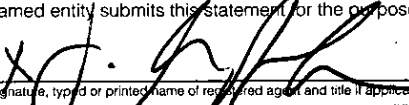
**2. Principal Place of Business**      **3. Mailing Address**  
224 Northcliff Dr.      P.O. Box 459  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
Gulf Breeze, FL      Gulf Breeze, FL  
**Zip**      **Country**      **Zip**      **Country**  
32562      U.S.A.      32562      U.S.A.

**4. FEI Number**      **Applied For**  
59-3691986      ☐ Not Applicable  
**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**  
**Name**      J. Ben Renfro, M.D., MGRM  
**Street Address (P.O. Box Number is Not Acceptable)**      224 Northcliff Dr.  
**City**      Gulf Breeze      **FL**      **Zip Code**      32561

**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**            **MGRM**      **DATE**      2/7/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**


**9. MANAGING MEMBERS/MEMBERS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	J. Ben Renfro, M.D., MGRM 224 Northcliff Gulf Breeze, FL 32562	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	2000037843016 -02/28/01--01019--005 *****50.00      *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> 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:**            **MGRM**      **DATE**      2/7/01      **Daytime Phone #**      850-484-6060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (1/1/00)