

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012736

1. Entity Name

MEDALLION HOMES OF NORTHEAST FLORIDA, L.L.C.

Principal Place of Business

18 ST. AUGUSTINE BOULEVARD, #9
ST. AUGUSTINE FL 32080

Mailing Address

18 ST. AUGUSTINE BOULEVARD, #9
ST. AUGUSTINE FL 32080

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SMITH, CHARLES E
18 ST. AUGUSTINE BOULEVARD, #9
ST. AUGUSTINE FL 32080

4. FEI Number

59-3735723

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE NAME
MGRM SMITH, CHARLES E
STREET ADDRESS 18 ST. AUGUSTINE BOULEVARD, #9
CITY-ST-ZIP ST. AUGUSTINE FL 32080 ☐ Delete

TITLE NAME
MGRM LISTER, J. ALTON
STREET ADDRESS 513 MOULTRIE WELLS ROAD
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☐ Delete

TITLE NAME
MGRM COLEMAN, JAMES H
STREET ADDRESS 5007 BUTTONWOOD DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

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

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

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

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

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

Charles E. Smith REQUIRED

Charles E. Smith

1-7-02

Date

Daytime Phone #

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90019 045 ****50.00



DO NOT WRITE IN THIS SPACE

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CR2E083 (9/01)

904-826-3387