

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 20, 2002 8:00 am
Secretary of State

02-07-2002 90166 044 ****50.00

DOCUMENT # L01000016916

1. Entity Name

GAINESVILLE PLACE PHASE IA, LLC

Principal Place of Business

**2800 SW 35TH PLACE, STE. 50
GAINESVILLE FL 32608-2718**

Mailing Address

**2800 SW 35TH PLACE, STE. 50
GAINESVILLE FL 32608-2718**

2. Principal Place of Business

3. Mailing Address

101 Marietta Street, NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1050

City & State

City & State

Atlanta GA

Zip

Country

Zip

Country

30303-2780**Fulton**

4. FEI Number

59-3749448

Applied For

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

**MOORE, MICHAEL G
VEGA, BROWN, STANLEY & BURKE, P.A.
2680 AIRPORT ROAD SOUTH
NAPLES FL 34112-4899**

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	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	MGR			
	PHILLIPS, CECIL			
	101 MARIETTA ST., STE. 1050			
	ATLANTA GA 30303			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ 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

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:

SIGNATURE REQUIRED

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

1/30/02 404-920-9200

Date

Daytime Phone #

CR2E083 (9/01)