

2002 UNIFORM BUSINESS REPORT (UBR)

0001601

DOCUMENT # L01000017788

1. Entity Name

INDIGO SANFORD LLC

FILED

02 MAY -1 AM 10: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1983 CENTRE POINTE BLVD., STE. 100
TALLAHASSEE FL 32308

Mailing Address

1983 CENTRE POINTE BLVD., STE. 100
TALLAHASSEE FL 32308

2. Principal Place of Business

149 S. Ridgewood Avenue

3. Mailing Address

P.O. Box 10809

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

32114

Country

USA

Zip

32120-0809

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOUFF, JANICE T

1983 CENTRE POINTE BLVD., STE. 100

TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

Robert F. Apgar

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

149 South Ridgewood Avenue, Suite 600

City

Daytona Beach

FL

Zip Code

32114

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

4-26-02

~~Indigo Sanford LLC
1983 Centre Pointe Blvd., Suite 100
Tallahassee, FL 32308~~

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME Sole member
STREET ADDRESS Indigo Sanford Inc.
CITY-ST-ZIP 1983 Centre Pointe Blvd., Suite 100
Tallahassee, FL 32308

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400005450224--6
CITY-ST-ZIP -05/03/02--01061--025
*****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Janice K. Hoff REQUIRED

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

Date

Daytime Phone #

4/30/02 850-402-1522

CR2E083 (9/01)