

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-02-2003 90576 036 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000001264

1. Entity Name

APALACHEE BAY PROPERTIES, LLC



Principal Place of Business

2473 CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE FL 32327

Mailing Address

2473 CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE FL 32327
US

44003030



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

1015 Marine Street
P.O. Box 815

3. Mailing Address

P.O. Box 815

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CARRABELLE, FL

City & State

CARRABELLE, FL

Zip

32322

Country

U.S.A

Zip

32322

Country

U.S.A

4. FEI Number

74-3064947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAWHON, MARY E
2473 CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE FL 32327

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

MARY E. LAWHON

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

4-29-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME LAWHON, MARY E
STREET ADDRESS 77 R. L. McDONALD ROAD
CITY-ST-ZIP CRAWFORDVILLE FL 32327 ☐ Delete

TITLE MGR
NAME THURMAN, MARK M
STREET ADDRESS P. O. BOX 422
CITY-ST-ZIP CRAWFORDVILLE FL 32348 ☐ Delete

TITLE ~~MGR~~
NAME ~~LAWHON, JAMES M. SR.~~
STREET ADDRESS ~~77 R. L. McDONALD ROAD~~
CITY-ST-ZIP ~~CRAWFORDVILLE FL 32327~~ ☐ Delete

TITLE ~~MGR~~
NAME ~~THURMAN, DEBBIE R.~~
STREET ADDRESS ~~P. O. BOX 422~~
CITY-ST-ZIP ~~CRAWFORDVILLE FL 32348~~ ☐ 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 LAWHON, JAMES M. SR.
STREET ADDRESS 77 R. L. McDONALD ROAD
CITY-ST-ZIP CRAWFORDVILLE FL 32327 ☒ Change ☐ Addition

TITLE
NAME Therman, Debbie R.
STREET ADDRESS P.O. Box 422
CITY-ST-ZIP CRAWFORDVILLE FL 32348 ☒ 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:

MARY E. LAWHON

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

Date

Daytime Phone #

4-29-03 850.933-4166

CR2E083 (10/02)