

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93000000297

1. Entity Name

THOMASVILLE ROAD REALTY, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -2 PM 4:20

Principal Place of Business

1292 TIMBERLANE RD  
TALLAHASSEE FL 32312

Mailing Address

1292 TIMBERLANE RD  
TALLAHASSEE FL 32312-1765

2. Principal Place of Business

1294 TIMBERLANE RD

Suite, Apt. #, etc.

3. Mailing Address

1294 TIMBERLANE RD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

4. FEI Number

59-3194599

Applied For

Not Applicable

Zip

32312

Country

LEON

Zip

32312

Country

LEON

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOND, NATHAN L ESQ

2121 KILLARNEY WAY, SUITE G

TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

HAROLD GIBBS

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

1294 TIMBERLANE ROAD

City

TALLAHASSEE

FL

Zip Code

32312

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

HAROLD GIBBS

1-28-00

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**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR  
STREET ADDRESS MERCER, FRANK J  
CITY - ST - ZIP 1292 TIMBERLANE RD  
TALLAHASSEE FL 32312 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 000003123640--9  
CITY - ST - ZIP -02/04/00--01009--013  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-28-00 (850) 893-9696