

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L94000000296

1. Entity Name
SOUTHLANTIC INVESTMENTS, L.L.C.

00 APR 18 PM 3: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7257 NW 4TH BLVD., PMB 167
GAINESVILLE FL 32607

Mailing Address
7257 NW 4TH BLVD., PMB 167
GAINESVILLE FL 32607-1600



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3260287

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

mm

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAILEY, JAY E
46 N WASHINGTON BLVD
SUITE 13
SARASOTA FL 34236

Name
GERALD DECHOW
Street Address (P.O. Box Number is Not Acceptable)
3400 S. TAMiami TRAIL
SUITE 301
City
SARASOTA, FL
Zip Code
34239

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

4-11-00

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

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PHILLIPS, JOSEPH C 8719 SW 42ND PL GAINESVILLE FL 32608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOLCOMB, DONALD R P.O. BOX AY BECKLEY WV 25801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 included 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

4-12-00

Date

Daytime Phone #

CR2E083 (9/99)