

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000511
Entity Name
CORE SOURCE, L.C.

APPROVED
AND
FILED

00 MAY -1 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4215 Southpoint Blvd.
Suite 100
Jacksonville, FL 32216

Mailing Address
4215 Southpoint Blvd.
Suite 100
Jacksonville, FL 32216

Principal Place of Business
P. O. Box 551260
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 551260
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE.

Jacksonville, FL
City & State
Jacksonville, FL

4. FEI Number
59-3275235

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
Schneider, Michael N.
4215 Southpoint Boulevard
Suite 100
Jacksonville, FL 32216

7. Name and Address of New Registered Agent
Name
Michael N. Schneider
Street Address (P.O. Box Number is Not Acceptable)
5150 Belfort Road, Building 100
City
Jacksonville FL Zip Code
32256

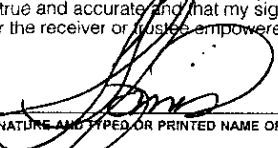
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, 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
700003256737--5
-05/18/00--01012--025
*****50.00 *****50.00

MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
MGR Harris, Forrest J. 1515 Lorimer Road Jacksonville, FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 2014 W. Beaver Street Jacksonville, FL 32209	☒ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 4/14/00 Daytime Phone # 904/353 8000