

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # L96000000140

1. Entity Name
TALLAHASSEE LAND HOLDINGS, L.C.

00 APR 13 PM 12: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
250 INTERNATIONAL PARKWAY
SUITE 150
HEATHROW FL 32746

Mailing Address
250 INTERNATIONAL PARKWAY
SUITE 150
HEATHROW FL 32746-5006

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3362429

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SELBY, C. THOMAS
250 INTERNATIONAL PARKWAY
SUITE 150
HEATHROW FL 32746

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.

SIGNATURE

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
MGRM
SELBY, C. THOMAS
250 INTERNATIONAL PARKWAY, SUITE 226
HEATHROW FL 32746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
3000003225329--7
-04/26/00--01091--003
*****50.00 *****50.00
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PUGH, JAMES H JR.
359 CAROLINA AVENUE
WINTER PARK FL 32789 ☒ Delete

TITLE
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CITY - ST - ZIP
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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:

C. Thomas Selby C. Thomas Selby 1-6-00 (407) 333-1604

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

Date

Daytime Phone #

CR2E083 (9/99)