

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000452

1. Entity Name  
INGRAM GROUP, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 29 PM 1:42

Principal Place of Business  
239 EAST VIRGINIA ST  
TALLAHASSEE FL 32301

Mailing Address  
239 EAST VIRGINIA ST  
TALLAHASSEE FL 32301-1263



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-3378941

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

WARFEL, TIMOTHY J  
2039 CENTRE POINT BLVD.  
TALLAHASSEE FL 32308

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*[Signature]*  
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  
INGRAM, MALCOM  
5192 WOODLANE CIRCLE  
TALLAHASSEE FL 32303 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
*ny 3/13/00*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEM  
MILES, CLINTON JR.  
3905 OLD DAWSON ROAD  
ALBANY GA 31707 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
800003171808-  
-03/18/00--01005--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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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: *[Signature]*

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

*2/10/00*  
Date

Daytime Phone #