

2001 UNIFORM BUSINESS REPORT (UBR)

0030328 AB

DOCUMENT # L96000000494

1. Entity Name
SABRE RIVER INVESTMENTS, L.C.

FILED

01 MAY -3 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
625 NORTH EISENHOWER DR.
BECKLEY WV 25801

Mailing Address
P.O. BOX AY
BECKLEY WV 25801

2. Principal Place of Business
130 Brookshire Lane
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2594
Suite, Apt. #, etc.

City & State
Beckley W.V.

City & State
Beckley W.V.

4. FEI Number
65-0672518

Applied For
Not Applicable

Zip
25801

Country
USA

Zip
25802

Country
USA

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

BAILY, JAY E
46 NO. WASHINGTON BLVD. STE 13
SARASOTA FL 34236

Name
BAILY, JAY E
Street Address (P.O. Box Number is Not Acceptable)
46 NO. WASHINGTON BLVD. STE 13
City
SARASOTA FL Zip Code
34236

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
MGR
HOLCOMB, DONALD R
P.O. BOX AY
BECKLEY WV 25801 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Anthony C. Phillips
P.O. Box 2594
Beckley WV 25802-2594 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PHILLIPS, JOSEPH C
7257 NW 4TH BLVD., PMB 167
GAINSVILLE FL 32607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500004336355-0
-05/31/01-01074-004
*****55.00 *****55.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Delete

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☐ Change ☐ 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 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

Joseph C. Phillips

4/13/01

304-255-9030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)