

2000 UNIFORM BUSINESS REPORT (UBR)

13959 AF

DOCUMENT # **L96000000791**

1. Entity Name
REGIONAL INVESTMENT GROUP LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 11 AM 11:06

Principal Place of Business
56 RAINBOW DR
CRAWFORDVILLE FL 32327

Mailing Address
PO BOX 5805
TALLAHASSEE FL 32314-5805



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-3400076**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WALSH, ROBERT H
742 WEST MADISON STREET
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	MEM WALSH, ROBERT H 742 WEST MADISON STREET TALLAHASSEE FL 32304	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<i>mf 2/22/00</i>
<input type="checkbox"/> Delete	MEM WALSH, MARY F 742 WEST MADISON STREET TALLAHASSEE FL 32304	<input type="checkbox"/> Change <input type="checkbox"/> Addition	000003148880--2 -02/28/00--01019--013 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	MEM PELT, ROBERT M SR. 742 WEST MADISON STREET TALLAHASSEE FL 32304	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MEM PELT, MAUREEN M 742 WEST MADISON STREET TALLAHASSEE FL 32304	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MEM PELT, ROBERT M JR. 742 WEST MADISON STREET TALLAHASSEE FL 32304	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MEM PELT, JENNIFER L 742 WEST MADISON STREET TALLAHASSEE FL 32304	<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 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: *Mary Walsh* **MARY WALSH** *2/10/00* **858 681-3148**
Date Daytime Phone #