

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAR 12 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L96000000791**

1. Entity Name
REGIONAL INVESTMENT GROUP LLC

Principal Place of Business
**56 RAINBOW DR
CRAWFORDVILLE FL 32327**

Mailing Address
**PO BOX 5805
TALLAHASSEE FL 32314**



DO NOT WRITE IN THIS SPACE

MJM

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3400076**

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

**WALSH, ROBERT H
742 WEST MADISON STREET
TALLAHASSEE FL 32304**

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 **MEM** Delete
NAME **WALSH, ROBERT H**
STREET ADDRESS **742 WEST MADISON STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

Change Addition
100003888431--7
-03/20/01--01078--008
*******50.00 *****50.00**

TITLE **MEM** Delete
NAME **WALSH, MARY F**
STREET ADDRESS **742 WEST MADISON STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MEM** Delete
NAME **PELT, ROBERT M SR.**
STREET ADDRESS **742 WEST MADISON STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MEM** Delete
NAME **PELT, MAUREEN M**
STREET ADDRESS **742 WEST MADISON STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MEM** Delete
NAME **PELT, ROBERT M JR.**
STREET ADDRESS **742 WEST MADISON STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MEM** Delete
NAME **PELT, JENNIFER L**
STREET ADDRESS **742 WEST MADISON STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Broker/keeper 3/11/01 850-681-3148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

00036989 AF

CR2E083 (11/00)