

# 2000 UNIFORM BUSINESS REPORT (UBR)

0013894 AF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
9114836  
00 FEB 29 PM 1:42

DOCUMENT # L97000000244

1. Entity Name  
G & M OF MONTICELLO, L.C.

Principal Place of Business  
240 W WASHINGTON ST  
MONTICELLO FL 32344

Mailing Address  
240 W WASHINGTON ST  
MONTICELLO FL 32344-1442



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 91-1764278

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

MILLER, GEORGE W  
240 W WASHINGTON ST  
MONTICELLO FL 32344

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  
MILLER, GEORGE W  
240 W WASHINGTON ST  
MONTICELLO FL 32344 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
000003171810-  
-03/16/00--01005--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MEM  
GEORGIADIS, GEORGE  
1195 E PEARL ST  
MONTICELLO FL 32344 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ny 3/13/00 ☐ 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 REQUIRED

2-7-00

997-2646

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

Date

Daytime Phone #

GEORGE W. MILLER

FORM 1210 - 1-00