

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 24 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000620
1. Entity Name Sabre Ridge Sales, L.C.

Principal Place of Business
625 N. Eisenhower Dr.
Beckley, WV 25801

Mailing Address
P.O. Drawer AY
Beckley, WV 25802

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

DO NOT WRITE IN THIS SPACE

MWM

4. FEI Number
58-2327531

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

Gerald A. Dechow
3400 S. Tamiami Trail, Suite 301
Sarasota, FL 34239

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

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	<input type="checkbox"/> Delete		TITLE	Manager	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME	Joseph C. Phillips	
CITY-ST-ZIP			STREET ADDRESS	7257 NW 4th Blvd. PMB#167	
			CITY-ST-ZIP	Gainesville, FL 32607	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete		TITLE	Manager	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME	Donald R. Holcomb	
CITY-ST-ZIP			STREET ADDRESS	P.O. Box AY	
			CITY-ST-ZIP	Beckley, WV 25802	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		

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: *Donald R. Holcomb* **4-18-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)