

2001 UNIFORM BUSINESS REPORT (UBR)

0030327 AB

DOCUMENT # L97000000620

1. Entity Name
SABRE RIDGE SALES, L.L.C.

FILED

01 MAY -3 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
625 NORTH EISENHOWER DRIVE
BECKLEY WV 25801

Mailing Address
P.O. BOX AY
BECKLEY WV 25801



DO NOT WRITE IN THIS SPACE

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

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

City & State
Beckley WV 25801

City & State
Beckley WV

4. FEI Number 58-2327531

Applied For
Not Applicable

Zip 25801 Country USA

Zip 25802-2594 Country USA

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

6. Name and Address of Current Registered Agent

DECHOW, GERALD A
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

800004335298--0
-05/31/01--01012--023
*****55.00 *****55.00

9. MANAGING MEMBERS / MEMBERS

TITLE * MGR
NAME HOLCOMB, DONALD R
STREET ADDRESS P.O. BOX AY
CITY-ST-ZIP BECKLEY WV 25801 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MAN/GER, OR AUTHORIZED REPRESENTATIVE

4/13/01

304-255-9030

Date

Daytime Phone #

CR2E083 (11/00)