

2000 UNIFORM BUSINESS REPORT (UBR)

0014773 AF

DOCUMENT # L97000000691

1. Entity Name
WINDWARD MARINA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 PM 2:10

Principal Place of Business
1318 ALFORD AVE
SUITE 202
BIRMINGHAM AL 35226

Mailing Address
1318 ALFORD AVE
SUITE 202
BIRMINGHAM AL 35226-3161



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3456740

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISHER, RYAN C
349 JONQUIL AVE
FT WALTON BEACH FL 32548

Name
RYAN C. Fisher

Street Address (P.O. Box Number is Not Acceptable)

1861 Stella Lane

City
Fort Walton Beach FL 32548

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 *m. f. d. w. d. l.*

2-1-2000

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	MGR WATERS, M. FORD 1318 ALFORD AVE SUITE 202 BIRMINGHAM AL 35226	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM MFW, INC. 1318 ALFORD AVENUE SUITE 202 BIRMINGHAM AL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM WALKER, JAMES O PO BOX 1628 BIRMINGHAM AL 35204	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM HOWELLS, BYRON D PO BOX 12512 BIRMINGHAM AL 35202	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM HARMON, BARRIE H PO BOX 241667 MONTGOMERY AL 36124	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM TAYLOR, TED 2130 HIGHLAND AVENUE BIRMINGHAM AL 35205	☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	600003132065-02/11/00-01013-010 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME 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: *m. f. d. w. d. l.*

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

2-1-2000

Date

Daytime Phone #

205-822-6069

CR2E083 (9/99)