

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000843

1. Entity Name
GROWTH INNOVATIONS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 1:35

743121



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5355 TOWER ROAD
TALLAHASSEE FL 32303

Mailing Address
5810-400 N. MONROE ST., SUITE 203
TALLAHASSEE FL 32303

2. Principal Place of Business
5986 Heartland Ct.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State

Zip
32312

Country
USA

Zip

Country

4. FEI Number
59-3468035

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BIST, MICHAEL P
1300 THOMASWOOD DRIVE
TALLAHASSEE FL 32312

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 _____ (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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MEM	PHIPPS, JEFFREY S	5810-400 N MONROE ST., STE 203	TALLAHASSEE FL 32303	<input type="checkbox"/>
MEM	WILLIS, JOHN MICHAEL	2059 MILLER LANDING ROAD	TALLAHASSEE FL 32312	<input type="checkbox"/>
MEM	WILLIS, MATTHEW HENRY	2059 MILLER LANDING ROAD	TALLAHASSEE FL 32312	<input type="checkbox"/>
MEM	PHIPPS, ELINOR ANN	ROUTE 9, BOX 190	TALLAHASSEE FL 32303	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: Jeffrey S. Phipps 2-2-00 (850) 562-9190

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

CR2E083 (9/99)