

2001 UNIFORM BUSINESS REPORT (UBR)

0001616 AF

DOCUMENT # **L97000000898**

1. Entity Name

TRANSPACIFIC HOLDINGS COMPANY, L.C.

FILED

01 APR -4 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**615 A1A NORTH, SUITE 101
PONTE VEDRA BEACH FL 32082**

Mailing Address

**P.O. BOX 1996
PONTE VEDRA BEACH FL 32004**



2. Principal Place of Business

1548 The Greens Way

3. Mailing Address

1548 The Greens Way

Suite, Apt. #, etc.

Suite # 1

Suite, Apt. #, etc.

Suite # 1

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville Beach, FL

City & State

Jacksonville Beach, FL

4. FEI Number

59-3463025

Applied For

Not Applicable

Zip

32250

Country

Duval

Zip

32250

Country

Duval

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

WALKER, JAMES V

**217 PONTE VEDRA PARK DRIVE, SUITE 200
PONTE VEDRA BEACH FL 32082**

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
HUEBER, DAVID B
123 NANDINA CIRCLE
PONTE VEDRA BEACH FL 32082**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-29-01

Date

(904) 280-9242

Daytime Phone #

CR2E083 (11/00)