

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -4 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000986

1. Entity Name
GREGWARE SYSTEMS, L.C.

Principal Place of Business
3649 U.S. HIGHWAY #17
SOUTH ORANGE PARK FL 32073

Mailing Address
3649 U.S. HIGHWAY #17
SOUTH ORANGE PARK FL 32073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3448647

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GREGWARE, DAVID D
6100 WEST SHORES ROAD
ORANGE PARK FL 32073

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

DAVID GREGWARE

2-3-2000

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME GREGWARE, DAVID D
STREET ADDRESS 6100 WEST SHORES ROAD
CITY- ST- ZIP ORANGE PARK FL 32073 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000003280950--1
CITY- ST- ZIP -06/08/00--01011--014
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE MGR
NAME GIMBEL, PHYLLIS A.
STREET ADDRESS 1884 Bluebonnet Way
CITY- ST- ZIP Orange Park, FL. 32073 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

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 OR MANAGER

Date

Daytime Phone #

DAVID GREGWARE

2-3-2000

CR 11-11 (9/9)