

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0012345 AF

DOCUMENT # L97000001015

1. Entity Name  
PALISADE INVESTMENTS, L.L.C.

00 MAY 17 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
301 E. HICKORY AVENUE  
CRESTVIEW FL 32536

Mailing Address  
301 E. HICKORY AVENUE  
CRESTVIEW FL 32536-2737



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

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

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number 59-3471222  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CROWE, TOM L  
301 E. HICKORY AVENUE  
CRESTVIEW FL 32536

## 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 MGRM CHILDERS, WESLEY M  
STREET ADDRESS 113 KIPLING DRIVE  
CITY- ST- ZIP CRESTVIEW FL 32536 ☐ Delete

TITLE NAME MGRM CROWE, TOM L  
STREET ADDRESS 301 E. HICKORY AVENUE  
CITY- ST- ZIP CRESTVIEW FL 32536 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

## 10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 700003255257-5  
CITY- ST- ZIP -05/17/00--01017--002  
\*\*\*\*300.00 \*\*\*\*\*50.00

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

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CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
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 Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

04/28/00 (850) 682-4357  
Date Daytime Phone #

CP2 7-13 (9/99)