

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001060

1. Entity Name

WALLACE-AUSTIN WAORANI RESEARCH PROJECT, L.L.C.

Principal Place of Business

3207 EST SHAMROCK, APT. #6
TALLAHASSEE FL ~~32300~~ 32309

Mailing Address

3207 EST SHAMROCK, APT. #6
TALLAHASSEE FL ~~32300~~ 32309

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

59-3504276

Applied For

Not Applicable

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

AUSTIN, GEORGE HARRY T
3207 EST SHAMROCK, APT. #6
TALLAHASSEE FL ~~32300~~ 32309

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
Due By September 26, 2001

100004493661--4
-07/24/01--01062--008
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WALLACE, JAYNE T
3207 EST SHAMROCK, APT. #6
TALLAHASSEE FL ~~32300~~ 32309 ☐ Delete

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

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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: *Jayne T Wallace* SIGNATURE JAYNE T WALLACE

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

7/17/01 850-906-9110

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE