

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 31, 2000 08:00 AM
Secretary of State

DOCUMENT # L97000001288

1. Entity Name
APAQUELYPSE DEVELOPMENT GROUP, L.C.

Principal Place of Business
4465 COOL EMERALD DRIVE
TALLAHASSEE FL 32303

Mailing Address
4465 COOL EMERALD DRIVE
TALLAHASSEE FL 32303

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
59-3480912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROWN THOMAS JESQ.
C/O BROWN AND BROWN ATTORNEYS AT LAW, P.A.
1102 EAST TENNESSEE STREET
TALLAHASSEE FL 323086912 US

7. Name and Address of New Registered Agent

Name
FRAZEIR CHARLES EJER
Street Address (P.O. Box Number is Not Acceptable)
4465 COOL EMERALD DR
SUITE 300
City
TALLAHASSEE FL 32303

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 CHARLES FRAZIER

08/31/2000

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

TITLE MGR ☐ Delete
NAME JOYNER OSCAR
STREET ADDRESS 2001 OLD ST. AUGUSTINE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32307

TITLE MGR ☐ Delete
NAME FRAZIER CHARLES EJER.
STREET ADDRESS 4465 COOL EMERALD DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME JOYNER OSCAR
STREET ADDRESS 635 MISSION CIRCLE
CITY-ST-ZIP IRVING TX 75063

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

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

TITLE ☐ Change ☐ Addition
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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.