

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 30 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0009980 AF

DOCUMENT # L97000001388

1. Entity Name
THE ISAAC GROUP, L.C.

Principal Place of Business
823 TOURNAMENT ROAD
PONTE VEDRA BEACH FL 32082

Mailing Address
P.O. BOX 1962
PONTE VEDRA BEACH FL 32004-1962



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3481846

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SAPP, RICHARD
823 TOURNAMENT ROAD
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
SAPP, JULIA E
823 TOURNAMENT ROAD
PONTE VEDRA BEACH FL 32082 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003258531--6
-05/19/00--01009--014
*****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SAPP, RICHARD
823 TOURNAMENT ROAD
PONTE VEDRA BEACH FL 32082 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SAPP, MILDRED
823 TOURNAMENT ROAD
PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE
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☐ 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 OR MANAGER

4/26/2000

Date

(904)285-9239

Daytime Phone #

CR2E083 (9/99)