

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000268

1. Entity Name

A.E.F. CAPITAL MANAGEMENT, L.C.

FILED

00 JAN 24 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1834 NORTHWEST 39TH DRIVE
GAINESVILLE FL 32605

Mailing Address

1834 NORTHWEST 39TH DRIVE
GAINESVILLE FL 32605-3577

2. Principal Place of Business

10414 NW 149th PL

3. Mailing Address

10414 NW 149th PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Alachua, FL.

City & State

Alachua, FL.

4. FEI Number

59-3503259

Applied For

Not Applicable

Zip

32615

Country

USA
Alachua

Zip

32615

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ELLIS, JOSEPH D

1834 NORTHWEST 39TH DRIVE
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

Name MORGAN T. ELLIS

Street Address (P.O. Box Number is Not Acceptable)

10414 NW 149th PL.

City

Alachua

FL

Zip Code

32615

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

Morgan T. Ellis - MORGAN T. ELLIS 1-18-00

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
NAME ELLIS, JOSEPH D
STREET ADDRESS 1834 NORTHWEST 39TH DRIVE
CITY-ST-ZIP GAINESVILLE FL 32605 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

SIGNATURE REQUIRED

1/20/00