

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 21 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 98 000000 411

1. Entity Name

WOODLAWN ROAD, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

279 ST. GEORGE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ST AUGUSTINE, FL

City & State

4. FEI Number

59-3573988

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

32084 U.S.A.

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

~~Joseph Finnegan~~
279 ST. GEORGE ST
ST. AUGUSTINE, FL 32084

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 MGRM ☐ Delete
NAME Joseph P. Finnegan
STREET ADDRESS 279 St. George St.
CITY-ST-ZIP St. Augustine, FL 32084

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

TITLE MGRM ☐ Delete
NAME Margaret Finnegan
STREET ADDRESS 279 St. George St.
CITY-ST-ZIP St. Augustine, FL 32084

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

TITLE MGRM ☐ Delete
NAME Dermot J. Koehane
STREET ADDRESS 17 MEADOW BROOK DRIVE
CITY-ST-ZIP DOVER, ME 02030

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

TITLE MGRM ☐ Delete
NAME MICHAEL J. HEFFERON
STREET ADDRESS 2500 MISSION AVE
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

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

TITLE MGRM ☐ Delete
NAME C. KELLY SMITH
STREET ADDRESS 2500 MISSION AVE
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

6/19/00 (904) 824-6068

CR2E083 (11/99)