2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800000783 1. Entity Name THE MCGUFFIN GROUP, L.C.						FILED				
Principal Place of Business Mailing Address							01 JAN 3	1 PM 12:	23	
3298 SUMMIT BLVD. 3298 SUMMIT BLVD.							SECRETAR	Y OF STAT	Ē	
SUITE 28 SUITE 28							SECRETAR ȚALLAHAS:	SEE, FLORI	AC	
PENSACOLA FL 32503 ◆ PENSACOLA FL 32503 ,										
Principal Place of Business										
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEIN	Jumber 59-3526	258		oplied For ot Applicable
Zip	e mental 12 m	Country	Zip	Country		5. Certi	ficate of Status Desire	ed 🔲 .	\$5.00 Ad Fee Require	ditional ed
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
·					Name ,					
Huston, gary w 3 West garden Street, 600 blount bldg.					Street Address (P.O. Box Number is Not Acceptable)					
PENSACOLA FL 32501					·			FL	Zip Cod	θ
The above named entity submits this statement for the purpose of changing its registere					ce or registers	ed agent	or both in the State of			
o. The above	rianica entity	Substitute tilla statement for	the barbose or changing its ref	giatered offic	ce or registers	su agent,	or bottl, in the state of	i i longa.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required						when reinstati	ng)	DATE		
			FILE NOW Make Check Paya		•	State				
9.		MANAGING MEMBE		10.		· · · · · · · · · · · · · · · · · · ·	ADDITIO	NS/CHANGES		
TITLE NAME	MEM	N, THOMAS RANDAL	☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS CITY-ST-ZIP	3298 SUN	MIT BLVD. LA FL 32503		STREET ADDR	ESS					
TITLE	MEM	<u> </u>	☐ Delete	TITLE	_				Change	☐ Addition
NAME	MCGUFFI	N, CYNTHIA R		NAME	}					
STREET ADDRESS CITY::ST;-ZIP		Brook drive La Fl. 32514		STREET ADDR City-St-Zip	ESS					
TITLE	Litorio	D. 1 E. 0C0 1 1	☐ Delete	TITLE					Change	Addition
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CITY-ST-ZIP		·		CITY-ST-ZIP	E33					
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CITY-ST-ZIP:				CITY-ST-ZIP					•	
TITLE X			☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS			i	NAME Street addre	=00					
CITY-ST-ZIP				CITY-ST-ZIP						1
11. I hereby c indicated limited liab	ertify that the on this report bility compan	information supplied with the is true and accurate and the or the receiver or trustee of the supplier of trustee	nis filing does not qualify for the nat my signature shall have the empowered to execute this repo	e exemption same legal ort as requir	stated in Sec effect as if ma ed by Chapte	tion 119.0 ade under er 608, Flo	7(3)(i), Florida Statuti oath; that I am a ma rida Statutes.	es. I further certi naging member	fy that the ir or manage	nformation r of the
SIGNAT		THE !!	Me Thoms	RI	n Co F	石シ		850-		723
	SIGNATURE A	TO I TPED OR PRINTED NAME OF	NOTING MANAGING MEMBER, MANAGE	H, OH AUTHOR	NZED REPRESEN	IATIVE	Date	Day	time Phone #	