

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000916

1. Entity Name

QUINCY CIRCLE OF NORTHWEST FLORIDA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 PM 12:00

Principal Place of Business

4501 N. DAVIS HIGHWAY, SUITE A
PENSACOLA FL 32503

Mailing Address

316 S. BAYLEN ST. STTN: SAB
PENSACOLA FL 32501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3582739

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

IRVIN, ELVIN COY

4501 N. DAVIS HIGHWAY, SUITE A
PENSACOLA FL 32503

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 MGR- ☐ Delete
NAME IRVIN, ELVIN COY
STREET ADDRESS 4501 N DAVIS HIGHWAY, SUITE A
CITY-ST-ZIP PENSACOLA FL 32503

TITLE MEMBER ☒ Change ☐ Addition
NAME 400003123564--7
STREET ADDRESS -02/04/00--01007--009
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGR- ☐ Delete
NAME ORTH, ROGER M
STREET ADDRESS 4501 N DAVIS HIGHWAY, SUITE A
CITY-ST-ZIP PENSACOLA FL 32503

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: X

SIGNATURE REQUIRED

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

1-20/00

Date

Daytime Phone #