

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001377

1. Entity Name

CANDLER MEMORIAL LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 AM 11:02

Principal Place of Business

2152 14TH CIRCLE NORTH
ST. PETERSBURG FL 33713

Mailing Address

2152 14TH CIRCLE NORTH
ST. PETERSBURG FL 33713-4059

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3526316

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

SCHERER III, CLARK H

2152 14TH CIRCLE NORTH
ST PETERSBURG FL 33713

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

2/3/14/00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS AGUIRRE, TUCKER
CITY- ST- ZIP 131 ROSWELL STREET, STE B-1
ALPHARETTA GA 30004 ☐ Delete

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS Aguirre, Fred C.
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE NAME MGR
STREET ADDRESS SERTICH, LARRY
CITY- ST- ZIP 131 ROSWELL STREET, STE B-1
ALPHARETTA GA 30004 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 7000003179287-5
CITY- ST- ZIP -03/22/00--01020-020

TITLE NAME MGR
STREET ADDRESS SCHERER, CLARK H III
CITY- ST- ZIP 2152 14TH CIRCLE NORTH
ST. PETERSBURG FL 33713 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 *****50.00
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
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 #

2-25-00

727-327-1089

CR2E083 (9/99)