

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0000193 AF

DOCUMENT # **L98000001750**

1. Entity Name
COUNTRY LIFE, LLC

00 MAR 30 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8601 BEACH BLVD SUITE 107
JACKSONVILLE FL 32216

Mailing Address

8601 BEACH BLVD SUITE 107
JACKSONVILLE FL 32216-4675

mg 1/12



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.
8601 Beach Blvd #107

3. Mailing Address

Suite, Apt. #, etc.
8601 Beach Blvd #107

City & State		City & State		4. FEI Number 59-3639031	Applied For <input type="checkbox"/>
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FINLAY, CHRISTOPHER
117 BOUGANVILLE DRIVE
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name: **Finlay, Christopher**
Street Address (P.O. Box Number is Not Acceptable):
8601 Beach Blvd #107
City: **Jacksonville** FL Zip Code: **32216**

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR FINLAY PROPERTIES, INC. 117 BOUGANVILLE DRIVE PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Finlay Properties, Inc 8601 Beach Blvd #107 Jacksonville, FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003236077--1 -05/03/00--01014--001 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Christopher C. Finlay* Date: 3/29/00 Daytime Phone #: 904 645 3130

CR2E083 (9/99)