

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001877

1. Entity Name

TIMBERCREEK OF NORTH PENSACOLA, L.C.

Principal Place of Business

SUITE 201, THE WALKER BUILDING
547 NORTH MONROE STREET
TALLAHASSEE FL 32315-3547

Mailing Address

P.O. BOX 3547
TALLAHASSEE FL 32315-3547

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3536094

Applied For
Not Applicable

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

BREWSTER, JAMES R
547 NORTH MONROE STREET, SUITE 203
TALLAHASSEE FL 32301

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 BREWSTER, TOM E C.P.A.
STREET ADDRESS 101 S. JEFFERSON ST.
CITY- ST- ZIP PENSACOLA FL 32501

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

TITLE MGRM ☐ Delete
NAME STIDHAM, JAMES A SR.
STREET ADDRESS SUITE 201, WALKER BLDG./547 N MONROE ST.
CITY- ST- ZIP TALLAHASSEE FL 32315-3547

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

TITLE MGRM ☐ Delete
NAME STIDHAM, JAMES A JR.
STREET ADDRESS SUITE 201, WALKER BLDG./547 N MONROE ST.
CITY- ST- ZIP TALLAHASSEE FL 32315-3547

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

TITLE MGRM ☐ Delete
NAME BREWSTER, REGINA P
STREET ADDRESS 2212 YAUPON DRIVE
CITY- ST- ZIP TALLAHASSEE FL 32303

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

SIGNATURE REQUIRED

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

JAMES A. STIDHAM, SR., Managing Member

01/12/00

Date

850-561-1037

Daytime Phone #