

# 2001 UNIFORM BUSINESS REPORT (UBR)

0024842  
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DOCUMENT # L98000001877

1. Entity Name

TIMBERCREEK OF NORTH PENSACOLA, L.C.

FILED

01 JAN 16 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

4. FEI Number

59-3536094

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

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

7. Name and Address of New Registered Agent

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

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

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

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

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
300003576753-48  
-01/26/01--01067--004  
\*\*\*\*\*50.00\_\*\*\*\*\*50.00

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

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

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

TITLE NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)