

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002001

1. Entity Name

WESTERN EQUITIES, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 28 AM 10:02

Principal Place of Business

% JOHN LOVETT  
106 EAST COLLEGE AVE. HIGHPOINT CTR. #1200  
TALLAHASSEE FL 32301

Mailing Address

% JOHN LOVETT  
106 EAST COLLEGE AVE. HIGHPOINT CTR. #1200  
TALLAHASSEE FL 32301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 60100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Lafayette, LA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

70596

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANATION FL 33324

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SAVOY, RODNEY L  
PO BOX 60100  
LAFAYETTE LA 70596 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
000003384259--3  
08/06/00 01037-023  
\*\*\*100.00 \*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 OR MANAGER

Date

Daytime Phone #

2/17/00 337-981-4060

CP2E083 (5/00)