2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L98000002036

1. Entity Name
DAVIS LAND DEVELOPMENT, L.L.C.

FILED

00 JAN 27 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
101 66TH STREET	101 66TH STREET
HOLMES BEACH FL 34217	HOLMES BEACH FL 34217-1345

DO NOT WRITE IN THIS SPACE

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   65-0867963   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

WALKER, ADRON H
3119 MANATEE AVENUE WEST
BRADENTON FL 34205

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 MGR	TITLE ☐ Change ☐ Addition
NAME DAVIS, FRANK H JR.	NAME 800003119588--8
STREET ADDRESS 101 66TH STREET ☐ Delete	STREET ADDRESS -02/01/00--01130--010
CITY-ST-ZIP HOLMES BEACH FL 34217	CITY-ST-ZIP *****50.00 *****50.00
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	NAME
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TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

CR2E083 (9/99)

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: _____RED MGR_____ 1/5/2000   941-778-9597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #