

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002288

1. Entity Name  
DEMEX, LLC

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
ROUTE. 2 BOX 210. US 19 NORTH ROUTE. 2 BOX 210. US 19 NORTH  
MONTICELLO FL 32344 MONTICELLO FL 32344-9516



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
Route 2 Box 210 Rt. 2 Box 210  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
US 19 NORTH US 19 North  
City & State City & State  
MONTICELLO FL. Monticello FL.  
Zip Country Zip Country  
32344 32344

4. FEI Number 58-2419592 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

FRIEDMAN, MARTIN S ESQ.  
2548 BLAIRSTONE PINES DRIVE  
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 MGR ☐ Delete  
NAME DEMOTT, BEVERLY  
STREET ADDRESS 143 CRESCENT COVE  
CITY-ST-ZIP THOMASVILLE GA 31757

TITLE MGR ☐ Delete  
NAME HUNTER, JERRY  
STREET ADDRESS RT 2 BOX 210 US 19 NORTH  
CITY-ST-ZIP MONTICELLO FL 32344

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 700003115297--1  
STREET ADDRESS -01/31/00--01006--010  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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

1-20-00 912-224-7163

Date

Daytime Phone #