

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002428

1. Entity Name

PARK MAGNOLIA CONSULTING, L.C.

FILED

00 JAN 28 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2122 TRESPOTT DRIVE
TALLAHASSEE FL 32312

Mailing Address

2122 TRESPOTT DRIVE
TALLAHASSEE FL 32312-3332

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

59-3540849 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS & WHITE, L.C.
216 W. COLLEGE AVE., SUITE 201
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 MGR
NAME GEIGER, JAMES W
STREET ADDRESS 2122 TRESPOTT DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800003121548--8
-02/02/00--01104--004
*****50.00 *****50.00

TITLE MGR
NAME LEE, ROBERT F
STREET ADDRESS 118 N. MONROE
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE
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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)(l), 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

1/26/00

850/425-5252

Date

Daytime Phone #