

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002457

1. Entity Name

AYERS/INDIA LLC  
600 N. COUNTRY CLUB ROAD  
LAKE MARY FL 32746

Principal Place of Business

537 EAST PARK AVENUE  
TALLAHASSEE FL 32301

Mailing Address

537 EAST PARK AVENUE  
TALLAHASSEE FL 32301

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

NOT APPLICABLE

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

UNDERWOOD, ROBERT L  
537 EAST PARK AVENUE  
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

*Robert L Underwood*

9-1-2000

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 MGR  
AYERS, GARY  
STREET ADDRESS 377 N. COUNTRY CLUB ROAD  
CITY-ST-ZIP LAKE MARY FL 32746  
*PO Box 952077*

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*200003410532-0*  
*10/02/00-01010-004*  
*\*\*\*\*\*55.00 \*\*\*\*\*55.00*

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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)(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:

*Gary Ayers*

SIGNATURE REQUIRED

9-1-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 18 AM 10:02



DO NOT WRITE IN THIS SPACE

CR2E083 (5/00)