

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002575

1. Entity Name
ARNOLD AND BLAIR, L.C.

FILED

01 APR 20 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
117 SOUTH GADSDEN STREET, SUITE 2
TALLAHASSEE FL 32301

Mailing Address
117 SOUTH GADSDEN STREET, SUITE 2
TALLAHASSEE FL 32301



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3542711

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

BUCHANAN, JOHN D JR.
117 SOUTH GADSDEN STREET, SUITE 2
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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP | MGRM ARNOLD, KEITH 1401 RIVER ROAD FORT MYERS FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BLAIR, CURT 184 AVENUE E, THE OLD NORRED HOUSED APALACHICOLA FL 32320 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500004084005--5 -04/27/01--01027--025 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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
Curt Blair

4/15/01

850-653-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0003328 AF

CR2E083 (11/00)