

2000 UNIFORM BUSINESS REPORT (UBR)

0009894 AF

DOCUMENT # L98000002747

1. Entity Name
SAGEWAY DR. LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 AM 10:33

Principal Place of Business
1811 SAGEWAY DR.
TALLAHASSEE FL 32303

Mailing Address
1811 SAGEWAY DR.
TALLAHASSEE FL 32303-7327



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 59-3544645 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

HOLT, ROBERT G
1811 SAGEWAY DR.
TALLAHASSEE FL 32303

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 NAME MGRM
NAME HOLT, ROBERT G
STREET ADDRESS 1811 SAGEWAY DR.
CITY-ST-ZIP TALLAHASSEE FL 32303

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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: Robert G. Holt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2-7-00 850-386-4134
Date Daytime Phone #

CR2E083 (9/99)