

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0012804 AF

DOCUMENT # L98000003065

1. Entity Name
RD & ASSOCIATES OF NW FL, L.L.C.

00 MAY 18 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
% WILLIAM SCOTT FOSTER
909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH FL 32547

Mailing Address
% WILLIAM SCOTT FOSTER
909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH FL 32547-6757



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3546583

Applied For
Not Applicable

Zip

Country

Zip

Country

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

FOSTER, WILLIAM SCOTT
909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH FL 32547

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
STREET ADDRESS MCALLISTER, RAYMOND H
CITY- ST- ZIP 705 N. BEAL PARKWAY
FORT WALTON BEACH FL 32547

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 900003285309--6
CITY- ST- ZIP -06/12/00--01113--011
*****50.00 *****50.00

TITLE NAME ☒ MGRM
STREET ADDRESS FOSTER, WILLIAM SCOTT
CITY- ST- ZIP 705 N. BEAL PARKWAY
FORT WALTON BEACH FL 32547

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

TITLE NAME ☐ MGRM
STREET ADDRESS HIXSON, DOUGLAS B
CITY- ST- ZIP 3460 Spring Hill Ext.
Mobile, AL 36608

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Raymond H. McAllister

4/24/01 854/663-4522

CR2E083 (9/99)