

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000003271**

1. Entity Name
SC&G FINANCIAL ADVISORS, L.L.C.

Principal Place of Business
**501 W. 19TH STREET
PANAMA CITY FL 32405**

Mailing Address
**501 W. 19TH STREET
PANAMA CITY FL 32405-4632**

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 **59-3546381**
APPLIED FOR

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

**CLARK, MILTON
501 W. 19TH STREET
PANAMA CITY FL 32405**

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
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ARONSON, KATHLEEN
34 WALTER MARTIN ROAD
FT. WALTON BEACH FL 32548** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CLARK, MILTON E
501 W. 19TH STREET
PANAMA CITY FL 32405** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3000003208173--6
-04/13/00--01122--005
*****50.00 *****50.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HUGGINS, STEPHEN F
900 N. 12TH AVENUE
PENSACOLA FL 32501** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JACKSON, RONALD D
900 N. 12TH AVENUE
PENSACOLA FL 32501** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MAJOR, HAROLD L
900 N. 12TH AVENUE
PENSACOLA FL 32501** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHARLES GUND SA
900 N. 12 AVE
PENSACOLA FL 3250** ☐ Change ☒ Addition

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

3-15-00

Date

850-749-9491

Daytime Phone #

0010027

CR2E083 (9/99)

APPROVED
AND
FILED

00 MAR 31 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/12



DO NOT WRITE IN THIS SPACE