

2000 UNIFORM BUSINESS REPORT (UBR)

AND
FILED

00 MAY 24 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0012077 AI

DOCUMENT # L98000003406

1. Entity Name
SANTA ROSA DJJ FACILITY, L.L.C.

Principal Place of Business

1201 NORTH TARRAGONA
PENSACOLA FL 32501

Mailing Address

1201 NORTH TARRAGONA
PENSACOLA FL 32501-2658

2. Principal Place of Business

3. Mailing Address

21 E. GARDEN ST.

21 E. GARDEN ST.

Suite/Apt. #, etc.

Suite/Apt. #, etc.

200

200

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip

32501

Country

FLORIDA

Zip

32501

Country

FLORIDA

4. FEI Number

59-3537796 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

DELGALLO, STEVEN P

1201 NORTH TARRAGONA
PENSACOLA FL 32501

Name

Street Address (P.O. Box Number is Not Acceptable)

21 E. GARDEN STREET - SUITE 200

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 MGRM
NAME SUSKO, JOHN P
STREET ADDRESS 866 SANTA ROSA BLVD.
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003284204--5
-06/12/00--01013--016
*****50.00 *****50.00

TITLE MGRM
NAME SCHWEIZER, W. TODD
STREET ADDRESS 866 SANTA ROSA BOULEVARD
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME DELGALLO, STEVEN P
STREET ADDRESS 1201 NORTH TARRAGONA
CITY-ST-ZIP PENSACOLA FL 32501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
21 E GARDEN ST. SUITE 200

TITLE
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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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/99)