

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000003477**

1. Entity Name

SCHERER CONSTRUCTION OF MIDDLE GA, LLC

Principal Place of Business

**2152 14TH CIRCLE NORTH
ST. PETERSBURG FL 33713**

Mailing Address

**2152 14TH CIRCLE NORTH
ST. PETERSBURG FL 33713**

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

59-3548414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HUMPHRIES, J. BOB

**501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **Holcomb, Victor W.**

Street Address (P.O. Box Number is Not Acceptable) **106 So. Tampa Ave, Suite 200**

City **Tampa**

FL 33609

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 **Victor W. Holcomb, Esq**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/17/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE **MGR** ☒ Delete
NAME **SCHERER, CLARK H III**
STREET ADDRESS **2152 14TH CIRCLE NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE **MGR** ☐ Delete
NAME **HOWELL, RONALD K**
STREET ADDRESS **ROUTE 2, 9751 LOWER THOMASTON ROAD**
CITY-ST-ZIP **MACON GA 31220**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

Member ☐ Change ☒ Addition
NAME **Scherer Holdings, LLC**
STREET ADDRESS **2152 14th Circle North**
CITY-ST-ZIP **St. Petersburg, FL 33713**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: **CLARK H. SCHERER**

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

4/17/01

Date

727-321-8111

Daytime Phone #

FILED

01 MAY 30 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MLH

0018486 AF

CR2E083 (11/00)