

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000127

1. Entity Name

GDN NO.2, L.L.C.

Principal Place of Business

102 SUNSET LANE
SHALIMAR FL 32579

Mailing Address

P.O. BOX 343
SHALIMAR FL 32579-0343

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

59-3567104

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLEET, H. BART
1201 EGLIN PARKWAY
SHALIMAR FL 32579

7. Name and Address of New Registered Agent

Name

James E. Nabors, MGR

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

17 Longwood Drive

City

Shalimar, FL

FL

Zip Code

32579

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)

3-31-00

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
NABORS, JAMES E
STREET ADDRESS 17 LONGWOOD DRIVE
CITY-ST-ZIP SHALIMAR FL 32579

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE NAME PD MGR
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE NAME NPD MGRm
Gilbert, Connie
STREET ADDRESS 29 Longwood Drive
CITY-ST-ZIP Shalimar, FL 32579

☐ Change

☒ Addition

TITLE NAME STD MGRm
Darnell, Sharilyn
STREET ADDRESS 1 Longwood Drive
CITY-ST-ZIP Shalimar, FL 32579

☐ Change

☒ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

600003279306--3

06/07/00-01814-004

*****50.00 *****50.00

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

Date

Daytime Phone #

3/24/02 850651-1298

CR2E019 (3/99)