

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0009603
AF

DOCUMENT # L99000000279

1. Entity Name
127 SOUTH 1ST AVENUE, L.C.

00 MAY -5 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2111 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH FL 32082

Mailing Address
2111 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH FL 32082-5030



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-3550122
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BENNER, TIMOTHY J
2111 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent
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

000003279550--2
-06/07/00--01021--023
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM BENNER, TIMOTHY J 2111 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH FL 32082
Delete

10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP
MEMBER MGR ARTHUR KIRSCHMAN 1216 SALT CE Island Dr PONTE VEDRA Bch, FL 32082
Delete
MEMBER MGR CONA GOCHT 7230 OAK MOUNT COURT PONTE VEDRA Bch, FL 32082
Delete
MEMBER MGR ROBERT GOCHT 7230 OAK MOUNT COURT PONTE VEDRA Bch, FL 32082
Delete

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 Member 4/18/00 904-273-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

(6/6/03) 0803:13