

# 2000 UNIFORM BUSINESS REPORT (UBR)

0016288 AB

DOCUMENT # L99000000593

1. Entity Name

PERDIDO KEY LOTS 124 & 125, L.L.C.

FILED

00 APR 10 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O VICTOR C. FRANCK  
82 DRIFTOAK CIRCLE  
THE WOODLANDS TX 77381

Mailing Address

C/O VICTOR C. FRANCK  
82 DRIFTOAK CIRCLE  
THE WOODLANDS TX 77381-6631

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

76-0594332

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHELL, STEPHEN B  
SHELL, FLEMING, DAVIS & MENGE  
226 SOUTH PALAFOX STREET, 9TH FLOOR  
PENSACOLA FL 32501

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 MGR  
NAME GREEN, JAMES W  
STREET ADDRESS 1524 TEMPLEMORE DRIVE  
CITY-ST-ZIP CANTONMENT FL 32533 ☐ Delete

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

TITLE MGR  
NAME TRAWICK, STEPHEN C  
STREET ADDRESS 1100 AIRPORT BLVD.  
CITY-ST-ZIP PENSACOLA FL 32504 ☐ Delete

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

TITLE MGR  
NAME FRANCK, VICTOR C  
STREET ADDRESS 82 DRIFTOAK CIRCLE  
CITY-ST-ZIP THE WOODLANDS TX 77381 ☐ 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 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 Franch  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/1/2000 (281) 539-6872  
Date Daytime Phone #

CR2E083 (9/99)