

# 2001 UNIFORM BUSINESS REPORT (UBR)

0030019 AF

DOCUMENT # L99000000593

1. Entity Name  
PERDIDO KEY LOTS 124 & 125, L.L.C.

FILED

01 APR 23 PM 5:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



DO NOT WRITE IN THIS SPACE

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

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 512 Derry Drive  
CITY-ST-ZIP

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

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 800004133818  
CITY-ST-ZIP -05/03/01--01085--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

*Victor C. Franck*

Date

Daytime Phone #

CR2E083 (11/00)