

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000616

1. Entity Name  
GRAF, L.C.

FILED

00 JAN 19 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6912 SUNSET AVENUE  
PANAMA CITY BEACH FL 32408

Mailing Address  
6912 SUNSET AVENUE  
PANAMA CITY BEACH FL 32408-5462



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
10708 Front Bk. Rd.  
Suite, Apt. #, etc.

3. Mailing Address  
Same  
Suite, Apt. #, etc.

City & State  
Panama City Bk.  
Zip  
32407  
Country  
Bay

City & State  
Zip  
Country

4. FEI Number  
592444319  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, RHONDA A  
6912 SUNSET AVENUE  
PANAMA CITY BEACH FL 32408

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-00

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
FERNANDEZ, RHONDA A  
6912 SUNSET AVENUE  
PANAMA CITY BEACH FL 32408 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition  
000003117520-1  
-02/01/00-01029-004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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: Rhonda Fernandez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-18-00

Date

Daytime Phone #