2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 APR 30 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000095 65 AF

DOCUMENT # L99000000664

1. Entity Name
1400 MAYPORT ROAD, L.L.C.

Principal Place of Business
55 NORTH ROSCOE BOULEVARD
PONTE VEDRA BEACH FL 32082

Mailing Address
55 NORTH ROSCOE BOULEVARD
PONTE VEDRA BEACH FL 32082-3625

2. Principal Place of Business: 1400 Mayport Rd.
Suite, Apt. #, etc.
City & State: Atlantic Beach Fl.
Zip: 32233 Country: Duval

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

DO NOT WRITE IN THIS SPACE

MUM

4. FEI Number: 59-3558432 Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
LYNCH, KIRT
50 NORTH ROSCOE BOULEVARD
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

9. MANAGING MEMBERS/MEMBERS

TITLE	MGRM ☐ Delete
NAME	LYNCH, KIRT
STREET ADDRESS	55 NORTH ROSCOE BOULEVARD
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	☐ Change ☐ Addition
NAME	100003256621--7
STREET ADDRESS	-05/18/00--01015--005
CITY-ST-ZIP	*****55.00 *****55.00
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
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: SIGNATURE REQUIRED Kirt W. Lynch 4-13-00 904 247-1622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #