

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # -L99000001110

1. Entity Name

THE RESERVE AT POINTE MEADOWS, L.C.

FILED

01 MAR 12 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
7800 Pointe Meadows 7800 Pointe Meadows
Jacksonville, FL 32256 Jacksonville, FL
32256

2. Principal Place of Business

3. Mailing Address

7800 Pointe Meadows Dr.
Suite, Apt. #, etc.

7800 Pointe Meadows Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

MJH

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number

31-1646499

Applied For

Not Applicable

Zip

Country

Zip

Country

32256

U.S.A.

32256

U.S.A.

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

Bert C. Simon, Esq
1660 Prudential Drive, Suite 203
Jacksonville, FL 32207

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 Bert Simon

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

(NOTE: Registered Agent signature required when reinstating)

2-16-01

DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Member ☐ Delete
NAME Robert L. Foote
STREET ADDRESS 8700 Hopemont Way
CITY-ST-ZIP Knoxville, TN 37923

TITLE Member ☐ Change ☒ Addition
NAME Robert L. Foote
STREET ADDRESS 8700 Hopemont Way
CITY-ST-ZIP Knoxville, TN 37923

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

Robert L. Foote

2/16/01

865 531-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (1/00)