

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001264

1. Entity Name
POPELL, L.C.

Principal Place of Business
411A MAR WALT DRIVE
FORT WALTON BEACH FL 32547

Mailing Address
411A MAR WALT DRIVE
FORT WALTON BEACH FL 32547

2. Principal Place of Business
911 A Mar Walt Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT Walton Beach, FL

City & State

4. FEI Number 59-3577068

Applied For
Not Applicable

Zip 32547 Country USA

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

FOSTER, WILLIAM SCOTT
909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH FL 32547

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 MGRM
STREET ADDRESS POPPELL, SAMUEL E
CITY-ST-ZIP 911 MAR WALT DRIVE
FORT WALTON BEACH FL 32547

TITLE NAME
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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:

Samuel E. Poppell, M.D.

REQUIRED

Samuel E. Poppell, M.D. 3-14-01 850-862-4001

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

Date

Daytime Phone #

FILED

01 MAR 21 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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