

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 10 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0009562 AF

DOCUMENT # L99000001686

1. Entity Name

HIGGINBOTHAM DEVELOPMENT COMPANY, L.L.C.

Principal Place of Business

6341 SANDY FORD ROAD
CALLAHAN FL 32011

Mailing Address

6341 SANDY FORD ROAD
CALLAHAN FL 32011-3275

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3569884

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THAMES, RICHARD R ESQ
STUTSMAN & THAMES, P.A.
121 W. FORSYTH STREET, SUITE 600
JACKSONVILLE FL 32201

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 MGR
NAME HIGGINBOTHAM, ALBERT L
STREET ADDRESS 6341 SANDY FORD ROAD
CITY-ST-ZIP CALLAHAN FL 32011

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800003283928--6
-06/09/00--01117--020
*****50.00 *****50.00

TITLE MGR
NAME HIGGINBOTHAM, RAYMOND R
STREET ADDRESS 3978 BOOTH ROAD
CITY-ST-ZIP CALLAHAN FL 32011

TITLE
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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:

Albert L. Higginbotham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)