

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90171 026 ****50.00

DOCUMENT # L99000001687

1. Entity Name

GRASSROOTS INVESTMENT GROUP LLC

Principal Place of Business

**P.O. BOX 7636
TALLAHASSEE FL 32314**

Mailing Address

**P.O. BOX 7636
TALLAHASSEE FL 32314**

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 **59-3565008**

Applied For

Not Applicable

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

**HOLDEN, WENDELL LEE JR.
4369 BIG PINE DRIVE
TALLAHASSEE FL 32310**

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. I am familiar with, and accept the obligations of registered agent.

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
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	P	<input type="checkbox"/> Delete
NAME	TATEM, PHILLIPE	
STREET ADDRESS	P.O. BOX 7636	
CITY-ST-ZIP	TALLAHASSEE FL 32314	

TITLE	FP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARVEY SMITH	
STREET ADDRESS	PO BOX 7636	
CITY-ST-ZIP	Tallahassee FL 32314	

TITLE	SP	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, RYAN	
STREET ADDRESS	P.O. BOX 7636	
CITY-ST-ZIP	TALLAHASSEE FL 32314	

TITLE	JP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCK DORVIL	
STREET ADDRESS	PO BOX 7636	
CITY-ST-ZIP	Tallahassee FL 32314	

TITLE	JP	<input checked="" type="checkbox"/> Delete
NAME	FRAZIER, CHARLES	
STREET ADDRESS	P.O. BOX 7636	
CITY-ST-ZIP	TALLAHASSEE FL 32314	

TITLE	RP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARTEN SWINTON	
STREET ADDRESS	PO BOX 7636	
CITY-ST-ZIP	Tallahassee FL 32314	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

HARVEY SMITH**7/20/2002**

Date

850 251 0722

Daytime Phone #

CR2E083 (4/02)