

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000001916

1. Entity Name

INGRAM INDUSTRIAL CENTER, L.C.

00 MAY 30 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1815 CORPORATE SQUARE BOULEVARD, STE 200
JACKSONVILLE FL 32216

Mailing Address

1815 CORPORATE SQUARE BOULEVARD, STE 200
JACKSONVILLE FL 32216-0324



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2137384

Applied For

Not Applicable

Zip

Country

Zip

Country

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

OBI, WILLIAM J

1815 CORPORATE SQUARE BOULEVARD, STE 200
JACKSONVILLE FL 32216

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 MGR
STREET ADDRESS WESTMORELAND, SHERMAN
CITY- ST- ZIP 1815 CORPORATE SQUARE BOULEVARD, STE 200
JACKSONVILLE FL 32216

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
600003291566--6
-06/15/00--01074 Change 024 Addition
*****50.00 *****50.00

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/31/00

Date

904 7250621

Daytime Phone #