

# 2000 UNIFORM BUSINESS REPORT (UBR)

0009642 AF

DOCUMENT # **L99000002160**  
 1. Entity Name  
**THE MELRAY, II LIMITED LIABILITY COMPANY**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 JAN 10 PM 4:39

Principal Place of Business Mailing Address  
 161 GREEN ROAD 161 GREEN ROAD  
 ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086-8184



DO NOT WRITE IN THIS SPACE **MJH**

2. Principal Place of Business 3. Mailing Address  
**952 Deer Chase DR.** **952 Deer Chase DR.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**ST. AUGUSTINE, FL.** **ST. AUGUSTINE, FL.**  
 City & State City & State  
 Zip Country Zip Country  
**32086 USA 32086 USA**

4. FEI Number ☒ Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**WATSON, TODD**  
**7785 BAYMEADOWS WAY, SUITE 107**  
**JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent  
 Name **RAY C. MCCALL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**952 Deer Chase DR.**  
 City **ST. AUGUSTINE** FL Zip Code **32086**

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 **Ray C. McCall** (NOTE: Registered Agent Signature required when reinstating) DATE **1/7/00**

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

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MGR		STREET ADDRESS	<b>500003102405--4</b>	
CITY-ST-ZIP	161 GREEN ROAD		CITY-ST-ZIP	<b>-01/19/00-01040-009</b>	
	ST. AUGUSTINE FL 32086			<b>*****58.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MGR		STREET ADDRESS		
CITY-ST-ZIP	MCCALL, MELVINE D		CITY-ST-ZIP		
	161 GREEN ROAD				
	ST. AUGUSTINE FL 32086				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Ray C. McCall** **REQUIRED** DATE **1/7/00** DAYTIME PHONE # **9044619656**