

2000 UNIFORM BUSINESS REPORT (UBR)

0013815 AF

DOCUMENT # L99000002298
1. Entity Name
CENTENNIAL AMERICAN PROPERTIES-FLORIDA, L.L.C.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 FEB -9 AM 11:45

Principal Place of Business
 166 HIGHWAY A1A NORTH, SUITE 201-M
 PONE VEDRA BEACH FL 32082

Mailing Address
 P.O. BOX 10588
 GREENVILLE SC 29603-0588



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

4. FEI Number
 59-3574998

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

F & L CORP.
 200 LAURA STREET
 JACKSONVILLE FL 32202-3520

7. Name and Address of New Registered Agent

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 STREET ADDRESS CITY - ST - ZIP	MGR GLENN, DAVID W P.O. BOX 10588 GREENVILLE SC 29603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WOOLBRIGHT, C. GUY P.O. BOX 10588 GREENVILLE SC 29603 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOOD, JEFFRIE L 166 HIGHWAY A1A NORTH, SUITE 201-M PONE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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Inf 2/16/00

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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: *David W. Glenn* **DAVID W. GLENN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2-4-00 **864 271-3894**
 Date Daytime Phone #

CR2E083 (9/99)