

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002349

1. Entity Name

KIPLING MANOR, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -9 PM 1:21

Principal Place of Business

7901 KIPLING STREET
PENSACOLA FL 32504

Mailing Address

7901 KIPLING STREET
PENSACOLA FL 32514-6265

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEL Number

59-3572997

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

Zip
32514

Country
USA

Zip

Country
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, BELIE
7901 KIPLING STREET
PENSACOLA FL 32504

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

32514

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

BLT

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
WILLIAMS, BELIE
124 FIRETHORN ROAD
GULF BREEZE FL 32561

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
505 JAMES RIVER RD.
GULF BREEZE FL 32561

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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CITY- ST- ZIP
400003300324
06/22/00-01012-002
*****50.00 *****50.00

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TITLE
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)(f), 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:

Belie Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
BELIE WILLIAMS, MANAGING MEMBER

Date

4-24-00

Daytime Phone #

(850) 478-9051