

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002627

1. Entity Name

DRIFTWOOD PLAZA PHASE II, L.L.C.

FILED

00 FEB -3 PM 4: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

525 EAST STRAWBRIDGE AVENUE
SUITE 6
MELBOURNE FL 32901

Mailing Address

525 EAST STRAWBRIDGE AVENUE
SUITE 6
MELBOURNE FL 32901-4705

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

59-358-48-49

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSLEY, CURTIS R
1221 EAST NEW HAVEN AVENUE
MELBOURNE FL 32901

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

TITLE NAME MGRM ☐ Delete
STREET ADDRESS BURDETTE REALTY IMPROVEMENTS, INC.
CITY- ST- ZIP 5148 WEST WASHINGTON STREET
CROSS LANES WV 25356

TITLE NAME MGRM ☐ Delete
STREET ADDRESS JACKSON, ROD
CITY- ST- ZIP 604 VIRGINIA STREET
CHARLESTON WV 25356

TITLE NAME MGRM ☐ Delete
STREET ADDRESS SMITH, JIM
CITY- ST- ZIP 500 HEATHER DRIVE
ELVIEW WV 25071

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100003125161--3
CITY- ST- ZIP -02/07/00--01015--005
*****50.00 *****50.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
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 OR MANAGER

Date

Daytime Phone #

1-31-2000 407-726-6191