

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

0004066

DOCUMENT # L99000002627

1. Entity Name

DRIFTWOOD PLAZA PHASE II, L.L.C.

02-05-2002 90059 013 *****50.00

Principal Place of Business

**525 EAST STRAWBRIDGE AVENUE
SUITE 6
MELBOURNE FL 32901**

Mailing Address

**525 EAST STRAWBRIDGE AVENUE
SUITE 6
MELBOURNE FL 32901**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3584849**

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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TITLE ☐ Change ☐ Addition
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)(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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/28/02 8047765656

Date

Daytime Phone #

CR2E083 (9/01)