

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002642

1. Entity Name

SOUTHERN TRADITION HOMEBUILDERS, L.L.C.

FILED

01 MAR 23 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

235 E. NINE MILE RD., SUITE 16
PENSACOLA FL 32534

Mailing Address

235 E. NINE MILE RD., SUITE 16
PENSACOLA FL 32534

SEE BELOW

2. Principal Place of Business

10329 CHEMSTRAND ROAD

3. Mailing Address

10329 CHEMSTRAND ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip

32534

Country

USA

Zip

32534

Country

USA

4. FEI Number

59-3581327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

JEWELL, CARYL F
5733 RIDGEFIELD COURT
MILTON FL 32583

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

Caryl A. Jewell

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 ☐ Delete
MGRM SHOWS, LUKE N
STREET ADDRESS 10841 SHADOW CREEK DR.
CITY-ST-ZIP PENSACOLA FL 32514

TITLE NAME ☐ Delete
MGRM JEWELL, DAVID F
STREET ADDRESS 5733 RIDGEFIELD COURT
CITY-ST-ZIP MILTON FL 32583

TITLE NAME ☐ Delete
MGRM JEWELL, CARYL A
STREET ADDRESS 5733 RIDGEFIELD COURT
CITY-ST-ZIP MILTON FL 32583

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
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME 400003930944-4
STREET ADDRESS -03/30/01--01032--016
CITY-ST-ZIP *****50.00 *****50.00

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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

CARYL A. Jewell managing member

03/29/01

Date

850-478-4414

Daytime Phone #

CR2E083 (11/00)

0004381 AF