

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002834

1. Entity Name

HIGHWAY 98 & ALPINE, L.L.C.

Principal Place of Business

C/O VICTOR C. FRANCK  
82 DRIFTOAK CIRCLE  
THE WOODLANDS TX 77381

Mailing Address

C/O VICTOR C. FRANCK  
82 DRIFTOAK CIRCLE  
THE WOODLANDS TX 77381-6631

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SHELL, STEPHEN B  
SHELL, FLEMING, DAVID & MENGE  
226 SOUTH PALAFOX STREET 9TH FLOOR  
PENSACOLA FL 32501

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 MGR ☐ Delete  
NAME GREEN, JAMES W  
STREET ADDRESS 512 DERRY DRIVE  
CITY-ST-ZIP CANTONMENT FL 32533

TITLE MGR ☐ Delete  
NAME TRAWICK, STEPHEN C  
STREET ADDRESS 1100 AIRPORT BLVD  
CITY-ST-ZIP PENSACOLA FL 32504

TITLE MGR ☐ Delete  
NAME FRANCK, VICTOR C  
STREET ADDRESS 82 DRIFTOAK CIRCLE  
CITY-ST-ZIP THE WOODLANDS TX 77381

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 000003224230--?  
STREET ADDRESS -04/26/00--01013--019  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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CITY-ST-ZIP

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:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/1/2000

Date

(813) 539-6872

Daytime Phone #

FILED

00 APR 10 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

76-0605307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

CR2000110000