

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002834

1. Entity Name  
HIGHWAY 98 & ALPINE, L.L.C.

FILED

01 APR 23 PM 5:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

76-0605307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fees Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300004135313-4  
-05/04/01--01006--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

*Victor C. Franck*

4/19/2001

(920) 271-4989

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

Date

Daytime Phone #

0030018 AF

CR2E083 (11/00)