

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003389

1. Entity Name
CELTIC HOMES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 26 AM 11:02

Principal Place of Business

4915 S.W. 91ST DRIVE
GAINESVILLE FL 32608

Mailing Address

4915 S.W. 91ST DRIVE
GAINESVILLE FL 32608



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9149 SW 47th Place
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State
Gainesville - FL

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
32608

Country
Alachua

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYONS, HAROLD A
4915 S.W. 91ST DRIVE
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name
Lyons, Harold A.
Street Address (P.O. Box Number is Not Acceptable)
9149 SW 47th Place
City Gainesville FL Zip Code 32608

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

9.18.00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
LYONS, HAROLD A
STREET ADDRESS
4915 S.W. 91ST DRIVE
CITY-ST-ZIP
GAINESVILLE FL 32608

TITLE
NAME
9149 SW 47th Place
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
MGRM
MILLAR, BONNIE-JEAN
STREET ADDRESS
4915 S.W. 91ST DRIVE
CITY-ST-ZIP
GAINESVILLE FL 32608

TITLE
NAME
9149 SW 47th Place
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300003408873
09/29/00-01004-024
****100.00 ****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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: X

SIGNATURE REQUIRED

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

Date

Daytime Phone #

352.335.6868

CP2E083 (5/00)