

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0012140 AF

DOCUMENT # L99000003874

1. Entity Name
PENSACOLA REALTY INVESTMENTS, L.L.C.

00 MAR 27 AM 6:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6565 NORTH "W" STREET, SUITE 260
PENSACOLA FL 32505

Mailing Address
6565 NORTH "W" STREET, SUITE 260
PENSACOLA FL 32505-1715



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3597410

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NASH, NEAL B
6565 NORTH "W" STREET, SUITE 260
PENSACOLA FL 32505

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 ☐ Delete
MGRM
NASH, NEAL B
STREET ADDRESS 6565 NORTH "W" STREET, SUITE 260
CITY-ST-ZIP PENSACOLA FL 32505

TITLE NAME ☐ Change ☐ Addition
000003208270--3
-04/13/00--01090--021
*****50.00 *****50.00

TITLE NAME ☐ Delete
MGRM
GREEN, MICHAEL E
STREET ADDRESS 6565 NORTH "W" STREET, SUITE 260
CITY-ST-ZIP PENSACOLA FL 32505

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ 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:

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

NEAL NASH

3-20-00

Date

850-484-7395

Daytime Phone #

CR2E083 (9/99)