

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004454

1. Entity Name
647 SOUTH RIDGEWOOD, L.C.

FILED

00 JAN 26 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
647 SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH FL 32115-0471

Mailing Address
P.O. BOX 471
DAYTONA BEACH FL 32115-0471



DO NOT WRITE IN THIS SPACE

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

59-3595778

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEITZ, WILLIAM H
662 NEEDLERUSH ROAD
PORT ORANGE FL 32127

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
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SEITZ, WILLIAM H
662 NEEDLERUSH ROAD
PORT ORANGE FL 32127

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
TRESHER, FREDERICK H III
1903 NORTH PENINSULA DRIVE
NEW SMYRNA BEACH FL 32169

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KOLODINSKY, RICK
1305 ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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10. ADDITIONS / CHANGES

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

200003113392--7

-01/27/00--01/27/00

*****50.00 *****50.00

TITLE
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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

Date

Daytime Phone #