

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004948

1. Entity Name

CASA ITALIANA, L.L.C.

Principal Place of Business

436 ATLANTIC BLVD
NEPTUNE BEACH FL 32266

Mailing Address

436 ATLANTIC BLVD
NEPTUNE BEACH FL 32266

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01 JUL 24 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1791913

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIXON, J D
436 ATLANTIC BLVD.
NEPTUNE BEACH FL 32266

7. Name and Address of New Registered Agent

Name NORMAN SANDERS
Street Address (P.O. Box Number is Not Acceptable)
436 ATLANTIC BLVD
City NEPTUNE BEACH FL Zip Code 32266

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

7/17/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME HACKNEY, T. MORRIS
STREET ADDRESS 2 OFFICE PARK CIRCLE, STE ONE
CITY-ST-ZIP BIRMINGHAM AL ☐ Delete

TITLE MEMBER
NAME BRENDA M. HACKNEY
STREET ADDRESS 2000-B SOUTH BRIDGE PKWY, STE. 200
CITY-ST-ZIP BIRMINGHAM, ALA. 35209 ☐ Change ☒ Addition

TITLE MGRM
NAME BASS, WILLIAM
STREET ADDRESS 436 ATLANTIC BLVD
CITY-ST-ZIP NEPTUNE BEACH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000004507900--1
-07/30/01--01120--012
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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: SIGNATURE REQUIRED

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

7/17/01

Date

(904) 241-3407

Daytime Phone #

STAPLE CHECK HERE

CR2E083 (5/01)