

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAR 31 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*my 4/12*



DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| DOCUMENT # L99000004987   |  |
| 1. Entity Name<br>GAINESVILLE WINGS, LLC                                      |  |
| Principal Place of Business<br>1056 NORTH 3RD STREET<br>JACKSONVILLE FL 32250 | Mailing Address<br>1056 NORTH 3RD STREET<br>JACKSONVILLE FL 32250-7239 |
| 2. Principal Place of Business<br><i>201 S.E. 1ST ST.</i>                     | 3. Mailing Address<br><i>114 S.E. 1ST ST.</i>                          |
| Suite, Apt. #, etc.<br><i>SUITE 104</i>                                       | Suite, Apt. #, etc.<br><i>SUITE 9</i>                                  |
| City & State<br><i>GAINESVILLE, FL</i>  | City & State<br><i>GAINESVILLE, FL</i>                                 |
| Zip<br><i>32601</i>   | Country<br><i>USA</i>  |
| Zip<br><i>32601</i>   | Country<br><i>USA</i>  |

|   |  |
|---|--|
| 4. FEI Number   | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required   |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br>SAIG, LOUIS M<br>1056 NORTH 3RD STREET<br>JACKSONVILLE FL 32250 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_ (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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MEM<br>SCS MANAGEMENT GROUP, INC.<br>1056 NORTH 3RD STREET<br>JACKSONVILLE FL 32250 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <i>114 S.E. 1ST. ST.</i><br><i>GAINESVILLE, FL 32601</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *LOUIS SAIG (SEC.)*

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

*3-2500*

Date

*904*  
*393-5598*

Daytime Phone #

CR2E083 (9/99)