

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUN -7 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005287

1. Entity Name

TELLURIC GROUP, LLC

Principal Place of Business

Mailing Address

9000 CYPRESS GREEN DR., SUITE 105  
JACKSONVILLE, FL 32256

2. Principal Place of Business

3. Mailing Address

9000 CYPRESS GREEN DRIVE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 105

City & State

City & State

JACKSONVILLE, FL

Zip

Country

Zip

Country

32256

USA

4. FEI Number

59-3594731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES B. GARRETT  
4536 BULL RUN ROAD  
JACKSONVILLE, FL 32210

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	MEMBER / PRESIDENT	<input type="checkbox"/> Delete
NAME	J. BRIAN GARRETT, MGRM	
STREET ADDRESS	4536 BULL RUN ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	MEMBER	<input checked="" type="checkbox"/> Delete
NAME	JOHN L. PRESSLY, MGRM	
STREET ADDRESS	7314 SAADIS ROAD	
CITY-ST-ZIP	CHARLOTTE, NC 28270	
TITLE	MEMBER	<input checked="" type="checkbox"/> Delete
NAME	ERIC A. SCHWERS, MGRM	
STREET ADDRESS	2830 ROSSMERE STREET	
CITY-ST-ZIP	COLORADO SPRINGS, CO 80919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000003299170--5
STREET ADDRESS	-06/21/00--01072--011
CITY-ST-ZIP	*****50.00 *****50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

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

Date

Daytime Phone #

J. BRIAN GARRETT 1 MAY 2000 904-367-8866

CR2E083 (11/99)