

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000005287**

1. Entity Name
TELLURIC GROUP, L.L.C.

FILED

01 MAY -2 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9000 CYPRESS GREEN DRIVE, SUITE 105
JACKSONVILLE FL 32256

Mailing Address

4536 BULL RUN ROAD
JACKSONVILLE FL 32210

2. Principal Place of Business

4600 TOUCHTON ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLDG. 100, SUITE 150

City & State

City & State
JACKSONVILLE, FL

Zip

Country
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

GARRETT, JAMES B
4536 BULL RUN ROAD
JACKSONVILLE FL 32210

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  **J. BRIAN GARRETT, MANAGING MEMBER 26 MAR 01**

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 ☐ Delete
NAME **MGRM**
STREET ADDRESS **GARRETT, J. BRIAN**
CITY-ST-ZIP **4536 BULL RUN ROAD**
JACKSONVILLE FL 32210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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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:  **J. BRIAN GARRETT, MGRM 26 MAR 01 904-565-2632**

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

Date

Daytime Phone #

CR2E083 (11/00)