

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005346

1. Entity Name

OLD SOUTH REALTY, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -8 AM 10:02

Principal Place of Business

1301 RIVERPLACE BLVD., STE 1840
JACKSONVILLE FL 32207

Mailing Address

1301 RIVERPLACE BLVD., STE 1840
JACKSONVILLE FL 32207



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRY B. ANSBACHER, P.A.
1301 RIVERPLACE BLVD
STE 2450
JACKSONVILLE FL 32207

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGR
COMMERCIAL FLORIDA REALTY MANAGEMENT INC
STREET ADDRESS 1301 RIVERPLACE BLVD., STE 1840
CITY-ST-ZIP JACKSONVILLE FL

TITLE NAME ☐ Change ☐ Addition
800003391168--8
STREET ADDRESS -09/13/00--01040--009
CITY-ST-ZIP *****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 REQUIRED

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

Date

Daytime Phone #

9-7-00

904-399-4499

CR2E083 (5/00)