

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005372

1. Entity Name
RICKY WIGGINS HOMES, L.L.C.

Principal Place of Business
17 SOUTH PALAFOX STREET, SUITE 394
PENSACOLA FL 32582

Mailing Address
P.O. BOX 3263
PENSACOLA FL 32516-3263

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3617280

Applied For

Not Applicable

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

BAKER, RICHARD R
84 BAYBRIDGE
GULF BREEZE FL 32561

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 NAME MGR WIGGINS, RICKY S
STREET ADDRESS 17 SOUTH PALAFOX STREET, SUITE 394
CITY- ST- ZIP PENSACOLA FL 32582

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
400003118554--5
-02/01/00--01072--025
*****50.00 *****50.00

TITLE NAME MGR WALTON, GARRETT W
STREET ADDRESS 971 WOODBINE DRIVE
CITY- ST- ZIP PENSACOLA FL 32503

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME MGR BAKER, RICHARD R
STREET ADDRESS 84 BAYBRIDGE
CITY- ST- ZIP GULF BREEZE FL 32561

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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:

SIGNATURE REQUIRED: *Richard R Baker* 1-24-2000 850-434-5330

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

Date

Daytime Phone #

CR2E083 (9/99)

FILED
00 JAN 27 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE