

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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00 APR -3 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/18



DO NOT WRITE IN THIS SPACE

DOCUMENT # **L99000005584**
Entity Name
WELLWOOD INVESTMENTS, L.L.C.

Principal Place of Business Mailing Address
12088 SUGAR PINE DRIVE 12088 SUGAR PINE DRIVE
WELLINGTON FL 33414 WELLINGTON FL 33414-5640

Principal Place of Business 3. Mailing Address
4502 B GARDEN AVE **4502 B GARDEN AVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
W. PALM BCH FL **W. PALM BCH FL**
Zip Country Zip Country
33406 USA **33406 USA**

4. FEI Number Applied For
65-0938095 Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MCMINN, GEORGE ROSS
1637 S. MILITARY TRAIL, SUITE A-9
WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent
Name **MCMINN GEORGE ROSS**
Street Address (P.O. Box Number is Not Acceptable)
4502 B GARDEN AVE
City **W. PALM BCH** FL Zip Code **33406**

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 **GEORGE ROSS MCMINN** DATE **3-30-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete MGRM MCMINN, GEORGE ROSS P.O. BOX 17133 WEST PALM BEACH FL 33416
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete MGRM CROWLEY, MICHAEL L 12088 SUGAR PINE DRIVE WELLINGTON FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500003217685-16 -04/20/00-01112-021 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS 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: **3-30-00** **561-968-0131**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)