

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005596

1. Entity Name
EMERALD INVESTORS/INVESTMENTS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 28 AM 10:02

Principal Place of Business
2001 KELLY CREEK CIRCLE
OVIEDO FL 32765

Mailing Address
P.O. BOX 622123
OVIEDO FL 32762-2123

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-360 8395

Applied For
Not Applicable

Zip Country

Zip Country

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

BLACKETER, GARY
2001 KELLY CREEK CIRCLE
OVIEDO FL 32765

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 *Gary Blacketer*

8/21/00

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

400003383634--3
-09/06/00--01075--004
*****50.00 *****50.00

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BLACKETER, GARY	
STREET ADDRESS	2001 KELLY CREEK CIRCLE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BLACKETER, ELIZABETH ANN	
STREET ADDRESS	2001 KELLY CREEK CIRCLE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JORDAN, PENNY	
STREET ADDRESS	2986 JOSEPH CIRCLE	
CITY-ST-ZIP	OVIEDO FL 32765	
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		
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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: *Gary Blacketer* **REQUIRED**

8/21/00

407-366-6594

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

Date

Daytime Phone #

CR2E083 (5/00)