

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005766

1. Entity Name

IHW LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 FEB 14 PM 2:21

Principal Place of Business

767 LITCHFIELD ROAD  
TALLAHASSEE FL 32312

Mailing Address

767 LITCHFIELD ROAD  
TALLAHASSEE FL 32312-1850

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

59-3597482

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

7. Name and Address of New Registered Agent

JERRY LEE INGLE  
767 LITCHFIELD ROAD  
TALLAHASSEE FL 32312

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  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
JERRY LEE INGLE  
767 LITCHFIELD ROAD  
TALLAHASSEE FL 32312 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
mf 2/23/00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
WATERS, CYNTHIA L  
767 LITCHFIELD ROAD  
TALLAHASSEE FL 32312 ☐ Delete

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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:

*Jerry Lee Ingle* **SIGNATURE REQUIRED** Jerry Lee Ingle 2/10/00 224-8611  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)