

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006074

1. Entity Name

EVGI, LLC

Principal Place of Business

Mailing Address

3389 SHERIDAN STREET  
PMB 261  
HOLLYWOOD FL 33021

3389 SHERIDAN STREET  
PMB 261  
HOLLYWOOD FL 33021

2. Principal Place of Business

3389 SHERIDAN ST

Suite, Apt. #, etc.

# 261

City & State

HOLLYWOOD FL

Zip

33021

Country

USA

3. Mailing Address

3389 SHERIDAN ST

Suite, Apt. #, etc.

# 261

City & State

HOLLYWOOD FL

Zip

33021

Country

USA

4. FEI Number

65-0951261

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GARRETT, WILLIAM

2450 EMERALD POINTE DRIVE

APT. 210-B

HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

MERILYN G. DIXON

Street Address (P.O. Box Number is Not Acceptable)

2450 EMERALD POINTE DRIVE

APT 210-B

City

HOLLYWOOD

FL

Zip Code

33021

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)

4/30/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM GARRETT, WILLIAM  
STREET ADDRESS 3389 SHERIDAN STREET, #261  
CITY-ST-ZIP HOLLYWOOD FL 33021 ☒ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME MGR MERILYN DIXON  
STREET ADDRESS 3389 SHERIDAN ST #261  
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Change ☒ Addition

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

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

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

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

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

SIGNATURE REQUIRED

4/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0007042 AF

CR2E063 (11/00)

FILED

01 MAY 16 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE