

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006180

1. Entity Name

AVALON BOULEVARD PROPERTIES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 PM 4:17

Principal Place of Business

192 NORTH PALAFOX STREET
PENSACOLA FL 32501

Mailing Address

192 NORTH PALAFOX STREET
PENSACOLA FL 32501-4839

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEAR, LEWIS JR.
1615 NORTH GREEN STREET
PENSACOLA FL 32505

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

TITLE NAME	MGRM CALDWELL, HARRY M JR.	<input type="checkbox"/> Delete
STREET ADDRESS	107 SHORELINE DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE NAME	MGRM MERRILL LAND COMPANY	<input type="checkbox"/> Delete
STREET ADDRESS	192 NORTH PALAFOX STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE NAME	MGRM BEAR, JR., LEWIS TRUSTEE	<input type="checkbox"/> Delete
STREET ADDRESS	72 HIGHPOINT DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE NAME	MGRM BEAR, BELLE Y TRUSTEE	<input type="checkbox"/> Delete
STREET ADDRESS	72 HIGHPOINT DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	100003127081--1	
CITY-ST-ZIP	-02/08/00--01049--005	
	*****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

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

1-27-00

Date

850-432-9368

Daytime Phone #