

# 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
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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

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

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  Delete  
MGRM CALDWELL, HARRY M JR.  
STREET ADDRESS 107 SHORELINE DRIVE  
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE NAME  Delete  
MGRM MERRILL LAND COMPANY  
STREET ADDRESS 192 NORTH PALAFOX STREET  
CITY-ST-ZIP PENSACOLA FL 32501

TITLE NAME  Delete  
MGRM BEAR, JR., LEWIS TRUSTEE  
STREET ADDRESS 72 HIGHPOINT DRIVE  
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE NAME  Delete  
MGRM BEAR, BELLE Y TRUSTEE  
STREET ADDRESS 72 HIGHPOINT DRIVE  
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME  Change  Addition  
NAME  
STREET ADDRESS 100003127081--1  
CITY-ST-ZIP -02/08/00--01049--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

TITLE NAME  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME  Change  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, the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

1-27-00

850-432-9368

Date

Daytime Phone #