

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006295**

1. Entity Name

9766 OLD ST. AUGUSTINE ROAD, LLC

FILED

00 FEB -4 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1717 PENMAN ROAD  
JACKSONVILLE FL 32250

Mailing Address

1717 PENMAN ROAD  
JACKSONVILLE FL 32250-3731

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, BRINTON, SIMMONS & MCCARTHY, P.A.  
ONE INDEPENDENT DRIVE, SUITE 3200  
JACKSONVILLE FL 32202

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 WOODBURN, HENRY P  
STREET ADDRESS 8034 PEBBLE BEACH LANE WEST  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Delete  
STREET ADDRESS 800003128148--0  
CITY-ST-ZIP -02/08/00--01121--017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
☐ Change ☐ Delete

TITLE NAME ☐ Change ☐ Delete  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

1. 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 *Henry P Woodburn*

2/2/00

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

Date

Daytime Phone #