

# 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



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ (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  Delete  
MGRM WOODBURN, HENRY P  
STREET ADDRESS 8034 PEBBLE BEACH LANE WEST  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE NAME  Change  Delete  
800003128148--0  
-02/08/00--01121--017  
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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 REQUIR WOODBURN 2/2/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #