

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -9 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006323

1. Entity Name
CUMBERLAND FOREST APARTMENTS, LLC

Principal Place of Business
1124 ALACHUA AVENUE
TALLAHASSEE FL 32308

Mailing Address
1124 ALACHUA AVENUE
TALLAHASSEE FL 32308-6922



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3609361

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

LOVETT, JOHN C ESQ.
106 EAST COLLEGE AVENUE, SUITE 1200
TALLAHASSEE FL 32301

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

10. ADDITIONS / CHANGES

TITLE NAME MGRM SPEARS, DONALD M
STREET ADDRESS P.O. BOX 622
CITY-ST-ZIP MALVERN AK 72104

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM BOOTH, HURLEY H TRUSTEE
STREET ADDRESS 1124 ALACHUA AVENUE
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM DAWSON, JOHN H JR.
STREET ADDRESS P.O. BOX 752
CITY-ST-ZIP CAMDEN AK 71701

TITLE NAME
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TITLE 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 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

Date

Daytime Phone #

CR2EC83 (9/93)