

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90060 030 ****55.00

DOCUMENT # L99000006402

1. Entity Name

WAIDE DEVELOPMENT SOUTHEAST, LLC

Principal Place of Business

**1543 HIGHWAY 138 S., SUITE P
 CONYERS GA 30013**

Mailing Address

**1543 HIGHWAY 138 S., SUITE P
 CONYERS GA 30013**

2. Principal Place of Business

1050 Eagles Landing Pkwy

Suite, Apt. #, etc.

300

City & State

Stockbridge, GA

Zip

30281

Country

USA

3. Mailing Address

1050 Eagles Landing Pkwy

Suite, Apt. #, etc.

300

City & State

Stockbridge, GA

Zip

30281

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2495988

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 526 EAST PARK AVENUE
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
 NAME **FLEMING, WAIDE J**
 STREET ADDRESS **1543 HIGHWAY 138 S., SUITE P**
 CITY-ST-ZIP **CONYERS GA 30013**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
 NAME **Manager**
 STREET ADDRESS **Mike B. Davis**
 CITY-ST-ZIP **1050 Eagles Landing Parkway, Ste. 300**
Stockbridge, GA 30281

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

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 NAME
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/15/02 (770) 474-4345

Date Daytime Phone #

CR2E083 (9/01)