

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0024396
AF

DOCUMENT # **L99000007097**

1. Entity Name

OLYMPIA COMMUNITY DEVELOPMENT, L.C.

01 MAY -1 PM 6:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**10 WEST SHALLOWS DRIVE
SANTA ROSA BEACH FL 32459**

Mailing Address

**10 WEST SHALLOWS DRIVE
SANTA ROSA BEACH FL 32459**



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

43-1871838

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

**KENT, CHRISTOPHER A
10 WEST SHALLOWS DRIVE
SANTA ROSA BEACH FL 32459**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
**MGRM
BUNYARD, P. STEPHEN
7755 CARONDELET AVENUE
CLAYTON MO 63105**

TITLE NAME Change Addition
**100004271731--3
-05/18/01--D1101--011
*****50.00 *****50.00**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME Change Addition
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/01 (314) 727-8900
Date Daytime Phone #

CR2E083 (11/00)