

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JAN 26 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007754

1. Entity Name
FIRST FINANCIAL GROUP, LLC

Principal Place of Business
810 THOMASVILLE ROAD
TALLAHASSEE FL 32303

Mailing Address
810 THOMASVILLE ROAD
TALLAHASSEE FL 32303-6218



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

59-3610767

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

WIMBERLY, DAVID S
810 THOMASVILLE ROAD
TALLAHASSEE FL 32303

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
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE Managing Member & CEO ☐ Change ☒
NAME David S. Wimberly
STREET ADDRESS 3815 Pinewalk Drive
CITY - ST - ZIP Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE Member ☐ Change ☒
NAME Patricia R. Wimberly
STREET ADDRESS 3815 Pinewalk Drive
CITY - ST - ZIP Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐
3000003119303--8
-02/01/00--01122--001
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

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CITY - ST - ZIP ☐ Change ☐

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐
1-24-00

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 David S. Wimberly, Managing Member & CEO (850) 205-9330

Date

Daytime Phone #