

2001 UNIFORM BUSINESS REPORT (UBR)

0003671 AF

DOCUMENT # L99000007754

1. Entity Name
FIRST FINANCIAL GROUP, LLC

Principal Place of Business
810 THOMASVILLE ROAD
TALLAHASSEE FL 32303

Mailing Address
P.O. BOX 13809
TALLAHASSEE FL 32317-3809

FILED
01 APR -5 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
2931 KERRY FOREST PARKWAY

3. Mailing Address

Suite, Apt. #, etc.
SUITE 203

Suite, Apt. #, etc.

City & State
Tallahassee FL

City & State

Zip
32308

Country
USA

Zip

Country

4. FEI Number 59-3610767

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WIMBERLY, DAVID S
810 THOMASVILLE ROAD
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2931 KERRY FOREST PARKWAY
SUITE 203

City Tallahassee FL Zip Code 32308

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 *David S. Wimberly*
Signature, typed or printed name of registered agent and title if applicable.

DAVID S. WIMBERLY

4/5/2001
DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
WIMBERLY, DAVID S
STREET ADDRESS 3815 PINEWALK DR.
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM
DAVID S. WIMBERLY
STREET ADDRESS 2931 KERRY FOREST PKWY
CITY-ST-ZIP TALLAHASSEE FL 32308 ☒ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300003995163--4
CITY-ST-ZIP -04/12/01--01073--016
*****50.00 *****50.00

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

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

TITLE NAME ☐ Change ☐ Addition
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: *David S. Wimberly*

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

Date

Daytime Phone #

DAVID S. WIMBERLY 4/5/2001 850-668-9100

CR2E083 (11/00)