

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003394 AF

DOCUMENT # L99000007950

1. Entity Name  
GADSDEN APARTMENTS, LLC

Principal Place of Business  
4697 NORTH MONROE STREET  
TALLAHASSEE FL 32303

Mailing Address  
4697 NORTH MONROE STREET  
TALLAHASSEE FL 32303

2. Principal Place of Business  
631 Chaucery Ln.  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 4263  
Suite, Apt. #, etc.

City & State  
Tallahassee, FL  
Zip  
32308  
Country  
U.S.

City & State  
Tallahassee, FL  
Zip  
32315  
Country  
U.S.

4. FEI Number 59-3616455

Applied For  
Not Applicable

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  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SPEARS, DONALD M  
PO BOX 622  
MALVERN AR 72104 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800004211558-6  
-05/11/01--01060--018  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DAWSON, JOHN H JR  
PO BOX 752  
CAMDEN AR 71701 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BOOTH, HURLEY H TRUSTEE  
4697 NORTH MONROE STREET  
TALLAHASSEE FL 32303 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E083 (11/00)

FILED  
01 APR 27 AM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE