

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0013876
AF

DOCUMENT # L99000008007

1. Entity Name
LEWIS LANDING, L.C.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
602 RIVERVIEW DR.
CARRABELLE FL 32322-0998

Mailing Address
P.O. BOX 138
CARRABELLE FL 32322-0138



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, SUSANA
602 RIVERVIEW DR.
CARRABELLE FL 32322-0998

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
Managing member
Susana J. Lewis
PO Box 138
Carrabelle FL 32322 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Member
Carla G. Lewis
Box 138
Carrabelle FL 32322 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Member
Charles A. Lewis
PO Box 138
Carrabelle FL 32322 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Member
Mikael G. Lewis
PO Box 138
Carrabelle FL 32322 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
500003195535--9
-04/04/00--01080--025
*****50.00 *****50.00 ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ 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: Susana J. Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3-16-2000 (850)697-4436
Date Daytime Phone #

CR2E083 (9/99)