

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008301

1. Entity Name

PERIMETER WOODS LLC

Principal Place of Business

2152 14TH CIRCLE NORTH
ST. PETERSBURG FL 33713

Mailing Address

2152 14TH CIRCLE NORTH
ST. PETERSBURG FL 33713-4059

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 AM 11:43



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

59-3618020

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

HINES, J. BRADFORD

9800 FOURTH STREET NORTH, SUITE 403
ST. PETERSBURG FL 33702

Name

Clark H. Scherer, III

Street Address (P.O. Box Number is Not Acceptable)

2152 14th Circle North

City

St. Petersburg,

FL

Zip Code
33713

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 MGR ☐ Delete
NAME SCHERER, CLARK H III
STREET ADDRESS 2152 14TH CIRCLE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33713

TITLE ☐ Change ☐ Addition
NAME *mf 3/20/00*
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME AGUIRRE, FRED C
STREET ADDRESS 131 ROSWELL STREET, SUITE B-1
CITY-ST-ZIP ALPHARETTA GA 30004

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

TITLE MGR ☐ Delete
NAME SERTICH, LARRY
STREET ADDRESS 131 ROSWELL STREET, SUITE B-1
CITY-ST-ZIP ALPHARETTA GA 30004

TITLE ☐ Change ☐ Addition
NAME 500003178305-8
STREET ADDRESS -03/21/00--01098--024
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 OR MANAGER

2-25-00

Date

727-327-1089

Daytime Phone #

CR2E083 (9/99)