

# 2000 UNIFORM BUSINESS REPORT (UBR)

L99000008579

## DOCUMENT #

1. Entity Name  
**PLUM TREE DEVELOPMENT, L.L.C.**

Principal Place of Business Mailing Address

2. Principal Place of Business <b>3840 Crown Point Rd.</b> Suite, Apt. #, etc. <b>Suite A</b> City & State <b>Jacksonville, FL</b> Zip <b>32257</b>		3. Mailing Address <b>3840 Crown Point Rd.</b> Suite, Apt. #, etc. <b>Suite A</b> City & State <b>Jacksonville, FL</b> Zip <b>32257</b>	
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**FILED**  
 00 MAR -8 AM 11:36  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

W 3/21

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3621500</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		

6. Name and Address of Current Registered Agent  <b>Joseph D. Collins</b> <b>3840 Crown Point Rd., Suite A</b> <b>Jacksonville, FL 32257</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (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	<b>MGR</b> <b>The Collins Group, Inc.</b> <b>3840 Crown Point Rd., Ste A</b> <b>Jacksonville, FL 32257</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200003178732-6</b> <b>-03/22/00--01003--024</b> <b>*****50.00 *****50.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Mark A. Knowles, VP of MGR** **2/25/00** **904-268-8500**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)