

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009043

1. Entity Name
EDGEMOOR, L.L.C.

Principal Place of Business

8803 SW 61ST AVE.
GAINESVILLE FL 32608

Mailing Address

8803 SW 61ST AVE.
GAINESVILLE FL 32608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3618579

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

CAUTHEN, JOSEPH C IV
8803 SW 61ST AVE.
GAINESVILLE FL 32608

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

500004221615--5
-05/17/01--01019--023
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME CAUTHEN, JOSEPH C III
STREET ADDRESS 6510 NW 9TH BLVD., SUITE 1
CITY-ST-ZIP GAINESVILLE FL 32605

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

TITLE MGR ☐ Delete
NAME CAUTHEN, JOSEPH C IV
STREET ADDRESS 8803 SW 61ST AVE.
CITY-ST-ZIP GAINESVILLE FL 32608

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

APPROVED
AND
FILED

01 APR 27 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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