

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 21 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000009080

1. Entity Name
PARSH CREEK NORTH, LLC

Principal Place of Business Mailing Address

2. Principal Place of Business
9551 BAYMEADOWS RD
Suite, Apt. #, etc.
SUITE 4
City & State
JACKSONVILLE, FL
Zip
32256
Country
US

3. Mailing Address
9551 BAYMEADOWS RD
Suite, Apt. #, etc.
SUITE 4
City & State
JACKSONVILLE, FL
Zip
32256
Country
US

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3628786
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
Name
BRAREN, MICHAEL E.
Street Address (P.O. Box Number is Not Acceptable)
9551 BAYMEADOWS RD
SUITE 4
City
JACKSONVILLE FL Zip Code
32256

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  3/31/00
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 | MEMBER, <input type="checkbox"/> Delete BRAREN, MICHAEL E 9551 BAYMEADOWS RD, SUITE 4 JACKSONVILLE, FL 32256 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 300003241388-4 05/05/00-01031-024 ****50.00 ****50.00 | |
| 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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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:  Michael E. Braren, Member 3/31/00 904/739-2249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)