2000 UNIFORM BUSINESS REPORT (UBR)

2000) UNIFORM BUSI	ME33 MEP	JU I	(n'ou)	•			
DOCUMENT # L9900009149 1. Entity Name					FILED			
BE GAINESVILLE PROPERTIES, LLC .					00 MAY 23 PM 1: 20			
Principal Place of Business P. O. Box 757 P.O. Box 757			757 , Florida		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business		3. Mailing Address			-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number	<u> </u>	applied For lot Applicable	}	
Zip	Country	Zip	Count	гу	5. Certificate of Status Desired	\$5.00 Ac	iditional	
	6. Name and Address of Current F	Registered Agent		Nema	7. Name and Address of New Registe	red Agent		-
Carrie Lavargua, Esa.				Name		<u> </u>		-
9250 SW 830 ST.				Street Address	s (P.O. Box Number is Not Acceptable)			1
MI	HMI, FL. 33173			City		FL Zip Cor	 de	
				tered agent, or both, in the State of Florida.	<u> </u>		ł	
SIGNATURE	Signature, typed or printed name of registered agent ar	FILE N Make Check P	YOW!!! F	Agent signature requirements EE 1S \$50.00 Department	0 of State	ATE		
9.	MANAGING MEMBE	RS/MEMBERS Delete	10.		ADDITIONS/CHAN	Change	☐ Addition) <u>@</u>
TITLE *NAME STREET ADDRESS	Manager Bannon, Barba 1741 Edgewater	ra, MGR Drive	NAME	l	70000322! -04/27/00-	5857- -010100	9 001	E083 (11/99)
CITY-ST-ZIP	Mt. Dora, Flo	COA 32/31		ST-ZIP	****491 <u>.</u> 2			ΙŌΝ
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1		☐ Change	☐ Addition	8
TITLE	<u> </u>	☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS		45		ET ADORESS ST-ZIP				-
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE			☐ Change	Addition	
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		; 	STREE	et address ST-Zip				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1		Change	Addition	}
hateoíbai	certify that the information supplied with on this report is true and accurate and t bility company of the feetiver or trustee	hat my signature shall havi	e the same	ilegal effect as i	Section 119.07(3)(i), Florida Statutes. I further finade under oath; that I am a managing mapter 608, Florida Statutes.	er certify that the ember or manag	information er of the	
SIGNAT	URE: SIGNATURE AND TYPED OR PRIN	LUNUUY TED NAME OF SIGNING MANAGIN	G MEMBER O	R MANAGER	4/20/200 33	2-735 Daytime Phone #	-1800)	