

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 13 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M000000000003

1. Entity Name

ELM REI, LLC

Principal Place of Business

1021 EAST BOULEVARD  
CHARLOTTE, NC 28203

Mailing Address

2. Principal Place of Business

1021 EAST BOULEVARD

3. Mailing Address

Suite, Apt. #, etc.

City & State

CHARLOTTE, NC

City & State

Zip

28203

Country

USA

Country

4. FEI Number

58-2499152

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Gibbs, Tucker, Miller, Wamley & Stein  
101 E. KENNEDY Blvd, Suite 1000  
P.O. Box 13631  
Tampa, FL 33601

7. Name and Address of New Registered Agent

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**

9. MANAGING MEMBERS/MEMBERS

TITLE: PRESIDENT/MGR  
NAME: ERIC E. BESSEM  
STREET ADDRESS: 1021 EAST BOULEVARD  
CITY-ST-ZIP: CHARLOTTE, NC 28203

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10. ADDITIONS/CHANGES

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3-3-2000

Date

704-333-4311

Daytime Phone #

CF-2E JRS (11/99)