

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000549

1. Entity Name
OWL VENTURES II, LLC

FILED

01 AUG 10 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6400 POWERS FERRY RD., NW, STE 100
ATLANTA GA 30039

Mailing Address
6400 POWERS FERRY RD., NW, STE 100
ATLANTA GA 30039



DO NOT WRITE IN THIS SPACE

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

58-2529108

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

SCHEU, FRANK M
5169 WEST 12TH STREET
JACKSONVILLE FL 32254

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

Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Leon Novak
6400 Powers Ferry Rd., Suite 100
Atlanta, GA 30339

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600004536886--5
-08/15/01--01072--005
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Terry W. Sullivan
6400 Powers Ferry Rd., Suite 100
Atlanta, GA 30339

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
David S. Blass
6400 Powers Ferry Rd., Suite 100
Atlanta, GA 30339

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
W.A. McArthur
569 South Edgewood Avenue
Jacksonville, FL 32205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Frank M. Scheu
5169 West 12th Street
Jacksonville, FL 32254

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 of Leon Novak
SIGNED AND REQUIRED

7/19/01 770-955-0404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)