

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001847

1. Entity Name
MEL-LEE, L.L.C.

Principal Place of Business

211 WHITTEN HALL
COLUMBIA MO 65211

Mailing Address

211 WHITTEN HALL
COLUMBIA MO 65211

220

2. Principal Place of Business

3. Mailing Address

220 IMPERIAL POINT DR.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE OZARK MISSOURI

Zip

Country

Zip

Country

65049

CAMDEN

6. Name and Address of Current Registered Agent

BEADLE, TERRY
780 NE 8TH ST.
POMPANO BEACH FL 33060

4. FEI Number

43-1886518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HENDERSON, DON
211 WHITTEN HALL
COLUMBIA MO 65211 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003959561--5
-04/04/01--01093--019
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HENDERSON, MELVA
211 WHITTEN HALL
COLUMBIA MO 65211 ☐ Delete

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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:

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

Date

Daytime Phone #

1/16/01 573 882-2680

CR2E083 (11/00)

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE