

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002554

1. Entity Name

WEIGHTLOSS OF THE SOUTH LLC

Principal Place of Business

3111 Mahan Drive
#11
Tallahassee, FL 32308

Mailing Address

2020 Fieldstone Pkwy
900/263
Franklin, TN 37069

2. Principal Place of Business

3111 Mahan Drive
Suite, Apt. #, etc.
#11

3. Mailing Address

2020 Fieldstone Pkwy
Suite, Apt. #, etc.
900/263

City & State

Tallahassee FL

City & State

Franklin, TN

Zip

32308

Country

USA

Zip

37069

Country

USA

4. FEI Number

62-1835200

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

Vickie DeSosa
4268 A Brewster
Tallahassee, FL 32308

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

Vickie B DeSosa

Signature, typed or printed name of registered agent and title if applicable.

(NOT: 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	Pres.	<input type="checkbox"/> Delete
NAME	Connie H. Nichols	
STREET ADDRESS	308 Spaulding Ct	
CITY-ST-ZIP	Franklin, TN 37069	
TITLE	Sec.	<input type="checkbox"/> Delete
NAME	Dean Nichols	
STREET ADDRESS	308 Spaulding Ct	
CITY-ST-ZIP	Franklin, TN 37069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4000004336334
STREET ADDRESS	-05/31/01--01081--015
CITY-ST-ZIP	*****50.00 *****50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Connie H. Nichols

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

4/23/01

615 595 2690

Date

Daytime Phone #

CR2E083 (11/00)