

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90087 032 ****50.00

DOCUMENT # M02000002822

1. Entity Name

6511 NORTH 54TH STREET LLC



Principal Place of Business

ATTN: INCOME TAX DEPT.
133 PEACHTREE STREET
ATLANTA GA 30303

Mailing Address

ATTN: INCOME TAX DEPT.
133 PEACHTREE STREET
ATLANTA GA 30303

2. Principal Place of Business

8214 WESTCHESTER DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9TH floor

City & State

Dallas TX

City & State

Zip

75225

Country

USA

Zip

Country

4. FEI Number

41-2089594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete
NAME **UNISOURCE WORLDWIDE, INC.**
STREET ADDRESS **133 PEACHTREE STREET**
CITY-ST-ZIP **ATLANTA GA 30303**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☒ Addition
NAME **MANAGER**
STREET ADDRESS **M. Scott Kipp**
CITY-ST-ZIP **8214 WESTCHESTER DR 9TH floor**
DALLAS TX 75225

TITLE ☐ Change ☒ Addition
NAME **MANAGER**
STREET ADDRESS **Joe C. Longbotham**
CITY-ST-ZIP **8214 WESTCHESTER DR. 9TH FLOOR**
DALLAS TX 75225

TITLE ☐ Change ☒ Addition
NAME **MANAGER**
STREET ADDRESS **Gil J. Besing**
CITY-ST-ZIP **8214 WESTCHESTER DR. 9TH floor**
DALLAS TX 75225

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

TITLE ☐ Change ☐ 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: [Signature] SIGNATURE REQUIRED

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

MANAGER

4-11-03

Date

214-696-3600

Daytime Phone #

CR2E083 (10/02)

0076958