

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90076 010 *****50.00

DOCUMENT # M95000000030

1. Entity Name

FORESTER LAND & DEVELOPMENT, L. C.



Principal Place of Business

**HIGHHOUSE MARINA
5325 N. LAGOON DR.
PANAMA CITY BEACH FL 32408**

Mailing Address

**2241 TOMS CREEK ROAD
MARTIN GA 30557**

2. Principal Place of Business

Coral Reef

3. Mailing Address

2241 Toms Creek Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6609 Thomas Dr. - 1206

Martin Ga

City & State

City & State

Panama City Beach Fla.

Franklin

32408 Bay 30557 30557



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **58-2169863**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORAL REEF
6609 THOMAS DRIVE, #1206
PANAMA CITY BEACH FL 32408**

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

W.D. Forester

4-25-03

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 **MRGM** ☐ Delete
NAME **FORESTER, WILLIAM D**
STREET ADDRESS **2241 TOMS CREEK ROAD**
CITY-ST-ZIP **MARTIN GA 30557**

TITLE **MRGM** ☐ Delete
NAME **FORESTER, BETTY S**
STREET ADDRESS **2241 TOMS CREEK ROAD**
CITY-ST-ZIP **MARTIN GA 30557**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

W.D. Forester

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

4-25-03 706-384-4884

Date

Daytime Phone #

CR2E083 (10/02)

0073931