

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0032860
SP

DOCUMENT # M96000000015

1. Entity Name

AVERITT/PALM INVESTMENTS, LLC

01 MAY 18 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

518 OLD KENTUCKY HIGHWAY
COOKEVILLE TN 38501

Mailing Address

518 OLD KENTUCKY HIGHWAY
COOKEVILLE TN 38501

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

62-1610399

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

ELLIS, TOM
14291 N.W. 4TH STREET
SUNRISE FL 33325

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

TITLE MGR
NAME ELLIS, TOM
STREET ADDRESS 14291 N.W. 4TH STREET
CITY-ST-ZIP SUNRISE FL 33325 ☐ Delete

TITLE CM
NAME SASSER, GARY D
STREET ADDRESS 518 OLD KENTUCKY HIGHWAY
CITY-ST-ZIP COOKEVILLE TN 38501 ☐ Delete

TITLE M
NAME JOHNSON, GEORGE H
STREET ADDRESS 518 OLD KENTUCKY HIGHWAY
CITY-ST-ZIP COOKEVILLE TN 38501 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700004271667-3
-05/18/01--01104--001
****350.00 *****50.00

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

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

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

TITLE
NAME
STREET ADDRESS
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

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

Date

Daytime Phone #

George H. Johnson
George H. Johnson, 04-23-01 931-526-3316

CR2E083 (11/00)