

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000274

1. Entity Name

MAXIMUM BENEFITS, L.L.C.

Principal Place of Business

Mailing Address

315 GILMER FERRY ROAD  
BALL GROUND GA 30107

315 GILMER FERRY ROAD  
BALL GROUND GA 30107

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

58-2215871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUCKER, ROBERT D  
1202 BEACHCREST  
3768 HIGHWAY 30-A  
SEAGROVE BEACH FL 32459

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME BRANDS, JAMES E  
STREET ADDRESS 4330 BANCROFT VALLEY  
CITY-ST-ZIP ALPHARETTA GA 30202

☐ Change ☐ Addition  
500003391255--6  
-09/13/00--01042--023  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGR ☐ Delete  
NAME TUCKER, ROBERT D  
STREET ADDRESS 1202 BEACHCREST, 3768 HIGHWAY 30-A  
CITY-ST-ZIP SEAGROVE BEACH FL 32459

☐ Change ☐ Addition

TITLE MGR ☐ Delete  
NAME BARRON, JOHN F  
STREET ADDRESS 1202 BEACHCREST, 3768 HIGHWAY 30-A  
CITY-ST-ZIP SEAGROVE BEACH FL 32459

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
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)(l), 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 OR MANAGER

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP -8 AM 10:02



DO NOT WRITE IN THIS SPACE

CR2E083 (5/00)