

# 2001 UNIFORM BUSINESS REPORT (UBR)

0024208 AF

DOCUMENT # M96000000274

1. Entity Name

MAXIMUM BENEFITS, L.L.C.

FILED

2001 MAY -2 AM 11:03

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

315 GILMER FERRY ROAD  
BALL GROUND GA 30107

Mailing Address

315 GILMER FERRY ROAD  
BALL GROUND GA 30107

2. Principal Place of Business

315 Gilmer Ferry Rd.  
Suite, Apt. #, etc.  
P.O. Box 220

3. Mailing Address

P.O. Box 220  
Suite, Apt. #, etc.

City & State

Ball Ground, Ga.

City & State

Ball Ground, Ga.

4. FEI Number

58-2215871

Applied For

Not Applicable

Zip

30107-0220

Country

USA

Zip

30107-0220

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fees Required

6. Name and Address of Current Registered Agent

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

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

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

TITLE MGR  
NAME BARRON, JOHN F  
STREET ADDRESS 1202 BEACHCREST, 3768 HIGHWAY 30-A  
CITY-ST-ZIP SEAGROVE BEACH FL 32459 ☐ 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 CHAIRMAN + CEO  
NAME ROBERT D. TUCKER  
STREET ADDRESS 405 TOWNSEND PLACE  
CITY-ST-ZIP ATLANTA, GA. 30327 ☒ Change ☐ Addition

TITLE PRESIDENT  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 000004335290--5  
-05/31/01--01009--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☒ 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]*

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

Date

02/07/01 770 935 6957

Daytime Phone #

CR2E083 (11/00)