

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000338

1. Entity Name

MONTICELLO LAND COMPANY, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -1 AM 9:08

Principal Place of Business

8806 WINGED BOURNE
CHARLOTTE NC 28210

Mailing Address

8806 WINGED BOURNE
CHARLOTTE NC 28210-5940



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-1982667

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

FORE, J. TRACEY

1560 SELVA MARINA DRIVE
ATLANTIC BEACH FL 32257

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROBERTS, WILLIAM V
8806 WINGED BOURNE
CHARLOTTE NC 28210 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
rf 3/15/00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MAZEINE, ALYCE R
5447 KERRY GLEN LANE
CHARLOTTE NC 28210 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
6000003174856--3
-03/17/00--01093--012
*****50.00 *****50.00

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ 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 OR MANAGER

William V. Roberts

2-28-00

Date

704-543-7970

Daytime Phone #

CR2E083 (9/99)