

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000334

1. Entity Name

NEWTON OLDACRE MCDONALD, L.L.C.

FILED

00 JAN 24 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

250 WASHINGTON ST.
PRATTVILLE AL 36067

Mailing Address

250 WASHINGTON ST.
PRATTVILLE AL 36067

2. Principal Place of Business

3. Mailing Address

P.O. Box 680176

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Prattville AL

4. FEI Number

62-1512091

Applied For
Not Applicable

Zip

Country

36068 USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KIEHN, ROLAND W
% BARRON, REDDING, HUGHES, FITE ET AL
220 MCKENZIE AVE.
PANAMA CITY FL 32401

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

10. ADDITIONS / CHANGES

TITLE NAME Delete
MGRM
NEWTON, THOMAS E
STREET ADDRESS 250 WASHINGTON ST.
CITY-ST-ZIP PRATTVILLE AL 36067

TITLE NAME Change
200003119832
-02/01/00-01145-002
*****50.00 *****50.00

TITLE NAME Delete

TITLE NAME Change

TITLE NAME Delete

TITLE NAME Change

TITLE NAME Delete

TITLE NAME Change

TITLE NAME Delete

TITLE NAME Change

TITLE NAME Delete

TITLE NAME Change

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: *X* SIGNATURE REQUIRED *THOMAS E Newton*, 1/20/02 334/301-8500
Date Daytime Phone #
Managing Member