

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000411

1. Entity Name

PLANTATION BLINDS, L.L.C.

FILED

00 JAN 24 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

315 ROSS ROAD  
TALLAHASSEE FL 32310

Mailing Address

PLANTATION BLINDS, LLC  
3300 CANTON PIKE  
HOPKINSVILLE KY 42240-9109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1538343

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, GLENN  
1808 OLD BRIAR TRAIL  
TALLAHASSEE FL 32310

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 MGR  
NAME GARDNER, DAVID M  
STREET ADDRESS 330 CANTON PIKE  
CITY- ST- ZIP HOPKINSVILLE KY 42240-9284 ☐ Delete

TITLE MGR  
NAME GARDNER, MARK M  
STREET ADDRESS 330 CANTON PIKE  
CITY- ST- ZIP HOPKINSVILLE KY 42240-9284 ☐ Delete

TITLE MGR  
NAME CARTER, GLENN  
STREET ADDRESS 1808 OLD BRIAR TRAIL  
CITY- ST- ZIP TALLAHASSEE FL 32310 ☐ 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

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  
800003119638-1  
-02/01/00-01134-022  
\*\*\*\*\*50.00 \*\*\*\*\*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

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 REQUIRED  
DAVID M GARDNER

1/13/00

270-885-7324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #