2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   M97000000481

1. Entity Name

FIRES CREEK LAND CO., LLC

FILED

00 JAN 12 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1390 TROUT STREET MERRITT ISLAND FL 32952	1390 TROUT STREET MERRITT ISLAND FL 32952-5749

DO NOT WRITE IN THIS SPACE

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   59-3462748

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
STORY, PHYLLIS A 1390 TROUT STREET MERRITT ISLAND FL 32952	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	☐ Delete	TITLE			☐ Change ☐ Addition
NAME	STORY, PHYLLIS A		NAME			
STREET ADDRESS	1390 TROUT STREET		STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL 32952		CITY-ST-ZIP			
TITLE	MGRM	☐ Delete	TITLE		50000309955---0	☐ Change ☐ Addition
NAME	KIRSCHENBAUM, MALCOLM E		NAME		-01/14/00--01100--025	
STREET ADDRESS	914 DIXON BLVD		STREET ADDRESS		*****55.00 *****55.00	
CITY-ST-ZIP	COCOA FL 32926		CITY-ST-ZIP			
TITLE	MGRM	☐ Delete	TITLE			☐ Change ☐ Addition
NAME	NIED, KATIE		NAME			
STREET ADDRESS	720 MIXEL STREET		STREET ADDRESS			
CITY-ST-ZIP	EASTON PA 18042		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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 *Phyllis A. Story* Phyllis A. Story, Mgr.   1/10/00   321-783-1320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #