

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000581

1. Entity Name

D&P PROPERTIES OF ALABAMA, L.L.C

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 AM 11:44

Principal Place of Business

3000 DUNDEE DRIVE
BIRMINGHAM AL 35213

Mailing Address

3000 DUNDEE DRIVE
BIRMINGHAM AL 35213-3426



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

72-1392778

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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 ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
MRGM
DUBOSE, DAVID R
3000 DUNDEE DRIVE
BIRMINGHAM AL 35213

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
rf 3/20/00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BANKSTON, PAUL F
4127 ATTOMATOX LANE
BIRMINGHAM AL 35213

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
100003179611--2
-03/22/00--01041--003
*****50.00 *****50.00

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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

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

Date

Daytime Phone #

2/25/00

255 322-2987

CR2E083 (9/99)