

2001 UNIFORM BUSINESS REPORT (UBR)

0002666 AF

DOCUMENT # M97000000760

1. Entity Name
ASBURY DEVELOPMENT AND MANAGEMENT, LLC

FILED

01 MAY -3 AM 10: 27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**4250 LAKESIDE DR., SUITE 214
JACKSONVILLE FL 32210**

Mailing Address
**4250 LAKESIDE DR., SUITE 214
JACKSONVILLE FL 32210**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
52-2055303

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

**FORCE FINANCIAL CORP.
4250 LAKESIDE DR., SUITE 212
JACKSONVILLE FL 32210**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100004323691--7
-05/25/01--01076--001
*******50.00 *****50.00**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CATER, JAMES W JR. 4250 LAKESIDE DR., SUITE 212 JACKSONVILLE FL 32210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS, EDWIN C III 201 RUSSELL AVENUE GAITHERSBURG MD 20877	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRADSHAW, LAWRENCE R 201 RUSSELL AVENUE GAITHERSBURG MD 20877	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEAVER, MATTHEW W 4250 LAKESIDE DR., SUITE 212 JACKSONVILLE FL 32210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *James W. Cater Jr.* **James W. Cater Jr.** **4-30-01** **904-381-0421**

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

CR2E083 (11/00)