

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000165

1. Entity Name

AGORA DEVELOPMENTS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 30 PM 1:29

Principal Place of Business

1777 N.E. EXPRESSWAY, SUITE 145
ATLANTA GA 30329

Mailing Address

1777 N.E. EXPRESSWAY, SUITE 145
ATLANTA GA 30329-2440

2. Principal Place of Business

7400 Baymeadows Way #107

3. Mailing Address

SAME AS PRINCIPAL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, FL 32256

City & State

4. FEI Number

58-2399598

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

SULZBACHER, WILLIAM M
7400 BAYMEADOWS WAY, #107
JACKSONVILLE FL 32256

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
STREET ADDRESS
CITY- ST- ZIP
MGRM
SULZBACHER, WILLIAM M
8130 BAYMEADOWS WAY WEST, #302
JACKSONVILLE FL 32256

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
7400 Baymeadows Way, Ste. 107
Jacksonville, FL 32256

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
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:

William M. Sulzbacher

William M. Sulzbacher

3-20-00

994-739-1235

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

Daytime Phone #

CR2E013 1/99