

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 19 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000288

1. Entity Name
GANDY LAND DEVELOPMENT, L.C.

Principal Place of Business

8812 LINN STATION ROAD
LOUISVILLE KY 40222

Mailing Address

8812 LINN STATION ROAD
LOUISVILLE KY 40222-5657

2. Principal Place of Business

8700 Oldbury Pl

3. Mailing Address

8700 Oldbury Pl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Louisville Ky

City & State

Louisville, Ky

Zip

40222

Country

USA

Zip

40222

Country

USA

4. FEI Number

59-3506212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE NAME ☐ Delete
MGRM
LEWIS, GLENN
STREET ADDRESS
8700 OLDBURY PLACE
CITY - ST - ZIP
LOUISVILLE KY 40222

TITLE NAME ☐ Delete
MGRM
REZNICEK, WILLIAM J JR.
STREET ADDRESS
8700 OLD OLDBURY PLACE
CITY - ST - ZIP
LOUISVILLE KY 40222

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition
200003287882-7
-06/14/00-01003-002
*****50.00 *****50.00
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

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TITLE NAME ☐ Change ☐ Addition
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: SIGNATURE REQUIRED

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

Date

Daytime Phone #

CF 21.083 (9/19)