

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MNM

DOCUMENT # M98000000426

1. Entity Name
WYNNTON MANAGEMENT SUB, LLC

Principal Place of Business
**1430 WYNNTON ROAD
COLUMBUS GA 31906**

Mailing Address
**1430 WYNNTON ROAD
COLUMBUS GA 31906-2922**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
58-2393502

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**TARKOW, STANELY A ESQ.
C/O WYNNTON GROUP, INC.
~~511 BAY STREET~~
TAMPA FL 33606**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
511 Bay Street, Suite 309
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 WYNNTON CAPITAL PARTNERS, L.P. 1430 WYNNTON ROAD COLUMBUS GA 31906 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003238779-8 -05/03/00--01136--021 <input type="checkbox"/> Change <input type="checkbox"/> Addition *****50.00 *****50.00
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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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: Robert M. Schiffman **DATE:** 3/24/00 **DAYTIME PHONE #:** (904) 322-2222

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