

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90238 050 ****50.00

DOCUMENT # M98000000464

1. Entity Name

CHETOLA DEVELOPMENT GROUP L.L.C.

Principal Place of Business

**2151 QUAIL RUN DRIVE
 BATON ROUGE LA 70808**

Mailing Address

**2151 QUAIL RUN DRIVE
 BATON ROUGE LA 70808**

0 4 2 2 0 0 2



DO NOT WRITE IN THIS SPACE

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

72-1397896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**
 NAME **HICKS, STEVE E**
 STREET ADDRESS **2171 QUAIL RUN DRIVE, SUITE B**
 CITY-ST-ZIP **BATON ROUGE LA 70808**

☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS **2151 Quail Run Drive**
 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE
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 CITY-ST-ZIP

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☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/14/02

225 766-3999

Date

Daytime Phone #

CR2E083 (9/01)