

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000729

1. Entity Name

HOMOSASSA CENTER, LLC

FILED

00 JAN 24 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2255 CUMBERLAND PARKWAY, BLDG. 800, STE. C
ATLANTA GA 30339

Mailing Address

2255 CUMBERLAND PARKWAY, BLDG. 800, STE. C
ATLANTA GA 30339-4515



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2397088

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 MGRM ☐ Delete
NAME TURNER, RON
STREET ADDRESS 18525 STATESVILLE ROAD, SUITE D-02, #117
CITY-ST-ZIP CORNELIUS NC 28031

TITLE MGRM ☐ Delete
NAME WOODALL, CHARLES L
STREET ADDRESS 2255 CUMBERLAND PARKWAY, BLDG. 800, STE. C
CITY-ST-ZIP ATLANTA GA 30339

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME Turner, Ronald L., Jr, Pres. Piedmont Land
STREET ADDRESS 21235 Catawba Avenue Devt, Inc
CITY-ST-ZIP Cornelius, NC 28031

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600003119346--3
CITY-ST-ZIP -02/01/00--01122--011
*****50.00 *****50.00
☐ Change ☐ Addition

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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

1/17/00

Date

704-995-2084

Daytime Phone #