

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000062

1. Entity Name

EXIT INFORMATION GUIDE, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -1 AM 11:59

Principal Place of Business

4205 NW 6TH STREET  
GAINESVILLE FL 32609

Mailing Address

4205 NW 6TH STREET  
GAINESVILLE FL 32609-1747

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2430753

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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  
STREET ADDRESS  
CITY - ST - ZIP

MGRM  
EIG MANAGER, LLC  
303 PEACHTREE STREET, SUITE 4100  
ATLANTA GA 30308

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000003127550-6  
-02/08/00--01084--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change ☐ 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:

*Maureen Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/5/00

Date

352-371-3948

Daytime Phone #