

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0017548 SP

DOCUMENT # M99000001065

1. Entity Name

AMBLING ROYAL CASTLE, LLC

00 APR 13 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

348-B ENTERPRISE DRIVE
VALDOSTA GA 31601

Mailing Address

348-B ENTERPRISE DRIVE
VALDOSTA GA 31601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

M/M

4. FEI Number

58-2230079

Applied For

Not Applicable

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

CASTLE BRISTOL CORPORATION
12550 BISCAYNE BOULEVARD, SUITE 215
NORTH MIAMI FL 33181

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

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
AMBLING DEVELOPMENT COMPANY LLC
348-B ENTERPRISE DRIVE
VALDOSTA GA 31601 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
300003223803--9
-04/25/00--01103--004
*****55.00 *****55.00 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
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CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
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CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)