

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001258

1. Entity Name
ENCOMPASS GROUP, L.L.C.

Principal Place of Business
615 MACON ROAD
MCDONOUGH GA 30253

Mailing Address
615 MACON ROAD
MCDONOUGH GA 30253

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-2471437

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 MGR
NAME HUELSBECK, DAVID A
STREET ADDRESS 100 LAMBERTH LAKE DR
CITY-ST-ZIP FAYETTEVILLE GA 30214 ☐ Delete

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

TITLE MGR
NAME SPURLOCK, MICHAEL
STREET ADDRESS 842 HALLBROOK LANE
CITY-ST-ZIP ALPHARETTA GA 30004 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400004420344-2
-06/14/01-01088-016
*****50.00 *****50.00

TITLE MGR
NAME HOWARD, ED
STREET ADDRESS 16415 ADDISON ROAD #850
CITY-ST-ZIP DALLAS TX 75248 ☐ Delete

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

TITLE MGR
NAME GREEN, MICHAEL
STREET ADDRESS 1445 ARMOUR BLVD
CITY-ST-ZIP MUNDELEIN IL 60060 ☐ Delete

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

TITLE MGR
NAME HAMILTON, JOHN
STREET ADDRESS 4453 SENTINEL POST ROAD
CITY-ST-ZIP ATLANTA GA 30327 ☐ Delete

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

TITLE MGR
NAME John Sleizer
STREET ADDRESS 2609 Territorial Road
CITY-ST-ZIP ST. Paul, MN 55114-1074 ☐ Delete

TITLE
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/14/01

770-957 1211

Date

Daytime Phone #

CR2E083 (11/00)

0030411 AB

FILED

01 MAY 21 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE