

# 2001 UNIFORM BUSINESS REPORT (UBR)

0030420 AB

DOCUMENT # M99000001560

1. Entity Name  
MDM REAL ESTATE GROUP, LLC

FILED

01 APR 30 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4550 ATWATER CT  
SUITE 201  
BUFORD GA 30518

Mailing Address

4550 ATWATER CT  
SUITE 201  
BUFORD GA 30518



2. Principal Place of Business

1325 BUFORD HIGHWAY

3. Mailing Address

1325 BUFORD HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #112

SUITE #112

City & State

BUFORD, GA.

BUFORD, GA

Zip

Country

Zip

Country

30518

GEORGIA

30518

GEORGIA

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2337104

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

MCNAUGHTON, ROBERT L  
2750 STICKNEY POINT RD  
SUITE 210  
SARASOTA FL 34231

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

*Robert L. McNaughton* / ROBERT L. MCNAUGHTON

4/24/01

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

400004221034--0  
-05/16/01--01126--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME MCNAUGHTON, ROBERT  
STREET ADDRESS 2750 STICKNEY PT RD #210  
CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

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

TITLE MGR  
NAME SMITH, KEN  
STREET ADDRESS 2750 STICKNEY PT RD #210  
CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

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

TITLE MGR  
NAME DOOLEY, WILLIAM R  
STREET ADDRESS 2750 STICKNEY PT RD #210  
CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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: *Robert L. McNaughton* / ROBERT L. MCNAUGHTON

4/24/01 770-614-7655

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

Date

Daytime Phone #

CR2E083 (11/00)