

# 2000 UNIFORM BUSINESS REPORT (UBR)

0013836 AF

DOCUMENT # M99000001600

1. Entity Name  
DAVIS FAMILY INDUSTRIES, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 28 PM 1:01



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
800 METCALF ROAD  
THOMASVILLE GA 31792

Mailing Address  
800 METCALF ROAD  
THOMASVILLE GA 31792-6263

2. Principal Place of Business  
800 A METCALF  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 1375  
Suite, Apt. #, etc.

City & State  
City & State

4. FEI Number  
58-2453183

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

Zip  
Country  
31799  
Country

6. Name and Address of Current Registered Agent  
DAVIS, J. CLAUD IV  
1912 WEST THARPE STREET  
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
1219 WEST THARPE STREET  
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	MGR DAVIS, J. CLAUD IV 1912 WEST THARPE STREET TALLAHASSEE FL 32304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1219 WEST THARPE STREET	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	W/ 318/00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9000003169869--0 -03/14/00--01118--021 *****55.00 *****55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 2/17/00 912-227-5675  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)