2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	M99000001647
1. Entity Name	

ALACHUA INVESTMENTS, LLC

APPROVED

00 MAR 29 AM 11: 11

SECRETARY OF STATE

Principal Place of Business 4015 WETHERBURN WAY. BUILDING B. SUITE 200 NORCROSS GA 30092 2. Principal Place of Business Suite, Apt. #, etc. City & State Country Maiting Address 4015 WETHERBURN WAY. BUILDING B. SUITE 200 NORCROSS GA 30092-4607 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country			4	DO NOT WRITE IN THIS SPACE 4. FEI Number 58-2493731 Applied For Not Applicable						
Zip	Country	Zip	000,			tificate of Status Desired				
	6. Name and Address of Current	Registered Agent	New		. Name	and Address of N	w Registered	Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City					ddress (P.O. Box Number is Not Acceptable) FL Zip Code					
8. The above	named entity submits this statement for	r the purpose of changing its	s registered office	or registered a	agent, o	r both, in the State	of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent si	gnature required whe	n reinstating	g)	DATE			
		Make Check P	OW!!! FEE IS	-	tate	ADDITIO	DNS/CHANGE	e		
9.	MANAGING MEMB	EHS/ MEMBERS	TITLE	MANAGI	ER	ADDITIO	ZNO) CHANGE	☐ Change	Addition	
MARE STREET ADDRESS CITY-ST-ZIP		i beste	RAME STREET ADORES CITY-ST-ZIP	# 4015 NORCRO	WETHE OSS,	HOOVER ERBURN WAY GA. 30092	, BLD.B,			
TITLE RAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE MAME STREET ADDRE	DUANE 4015 T	L.HO WETHE	MEMBER DOVER, JR. ERBURN WAY GA. 30092	BLD.B.,	Change STE.200	Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE MAME STREET ADDRE CITY-ST-ZIP	CARL 1 4015 V	H. HO WETHI	MEMBER DOVER ERBURN WAY GA. 30092	BLD.B.,	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:

GITY- ST- ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3-24-00

770-448-0300

Daytime Phone #