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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000002204

05-22-2002 90225 013 ****50.00
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FILED
2002 OCT 11 AM 10: 37
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Entity Name
GATOR COUNTRY, L.L.C.

Principal Place of Business	Mailing Address
4993 BACOPA LANE SOUTH #705 ST. PETERSBURG FL 33715	4993 BACOPA LANE SOUTH #705 ST. PETERSBURG FL 33715

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: 59-3714073 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
FROID, GARY
4993 BACOPA LANE SOUTH #705
ST. PETERSBURG FL 33715

7. Name and Address of New Registered Agent
Name: Robert Menke
Street Address (P.O. Box Number is Not Acceptable): 360 Central Avenue
17th Floor
City: St. Petersburg State: FL Zip Code: 33701

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] MGR 4-28-02
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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[signature] "MGR" Gary Froid 4993 Bacopa Lane South #705 St. Petersburg, FL 33715 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Partner "MGR" Robert Menke 360 Central Avenue, 17th Floor St. Petersburg, FL 33701 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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:

727-8632351 0