

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 23 AM 7:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000008255**

1. Entity Name  
**GOLDENROD PIZZA LLC**

Principal Place of Business  
112 W. 50TH ST.  
HOLMES BEACH FL 34217

Mailing Address  
112 W. 50TH ST.  
HOLMES BEACH FL 34217-1822



DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business  
**1708 N. GOLDENROD RD.**  
Suite, Apt. #, etc.  
**UNIT #101**

3. Mailing Address  
**1002 QUAKER RIDGE CT.**  
Suite, Apt. #, etc.

City & State  
**ORLANDO, FL**  
Zip  
**32807** Country  
**USA**

City & State  
**OVIDO, FL**  
Zip  
**32765** Country  
**USA**

4. FEI Number  
**65-0960567**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

SCHERBER, DOUGLAS R  
112 W. 50TH ST.  
HOLMES BEACH FL 34217

**7. Name and Address of New Registered Agent**

Name: **DOUGLAS R. SCHERBER**  
Street Address (P.O. Box Number is Not Acceptable)  
**1002 QUAKER RIDGE CT.**  
City **OVIDO** FL Zip Code **32765**

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 *Douglas R. Scherber*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4-26-00**

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

**9. MANAGING MEMBERS/MEMBERS**

**10. ADDITIONS/CHANGES**

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Douglas R. Scherber*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

DATE **4-26-00**

Daytime Phone #

CR2E083 (9/99)