

# 2001 UNIFORM BUSINESS REPORT (UBR)

0030558 AB

**DOCUMENT # M94000000166**

1. Entity Name

**4-B PROPERTIES, L.L.C., L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR -6 PM 2:49

Principal Place of Business

**236 MAIN  
UNIONTOWN KY 42461**

Mailing Address

**P.O. BOX 128  
UNIONTOWN KY 42461**

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

**61-1271093**

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

**JACOBS, ARTHUR I  
401 CENTER ST  
HISTORIC POST OFFICE BLDG 2ND FL  
FERNANDINA BEACH FL 32035-1110**

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

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 ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **BEAVEN, WILLIAM F**  
CITY-ST-ZIP **401 FOURTH STREET  
UNIONTOWN KY 42461**

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

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **BROWN, GEORGE L**  
CITY-ST-ZIP **2801 SOUTH COURT DRIVE  
EVANSVILLE IN 47711**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**700003887827-1**  
**-03/20/01--01030--020**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

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

Date

Daytime Phone #

**270-822-4218**

CR2E083 (11/00)