

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0036516

DOCUMENT # L02000007442

1. Entity Name

NATURE'S YOUTH, L.L.C.



FILED

03 APR 10 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1404 DEAN STREET, SUITE 100
FT. MYERS FL 33901

Mailing Address

1404 DEAN STREET, SUITE 100
FT. MYERS FL 33901

2. Principal Place of Business

586 Strawberry Hill Rd.
Centerville
MA
02632 US

3. Mailing Address

586 Strawberry Hill Rd.
Centerville
MA
02632 US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0594232

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENDERSON, RANDALL P JR.
1404 DEAN STREET, SUITE 100
FT. MYERS FL 33901

7. Name and Address of New Registered Agent

Name: Angell Corporate Services, INC.
Street Address (P.O. Box Number is Not Acceptable): 170 Edwards + Angell, LLP
One North Clematis Street Suite 400
City: W-Balm Beach FL Zip Code: 33401

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Jeff A. Jones*
Signature, typed or printed name of registered agent and title if applicable.

Jeff A. Jones Registered Agent
MGRM Angell Corporate Services

DATE

4-8-03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2003

700015654677

04/10/03--01092--003 **\$5.00

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM
NAME: JONES, JEFF
STREET ADDRESS: 1404 DEAN STREET, SUITE 100
CITY-ST-ZIP: FT. MYERS FL 33901 ☐ Delete

TITLE: MGRM
NAME: SMITH, JASON
STREET ADDRESS: 1404 DEAN STREET, SUITE 100
CITY-ST-ZIP: FT. MYERS FL 33901 ☒ Delete

TITLE: MGRM
NAME: YEATTER, TAD M
STREET ADDRESS: 1404 DEAN STREET, SUITE 100
CITY-ST-ZIP: FT. MYERS FL 33901 ☒ Delete

TITLE: MGRM
NAME: HENDERSON, RANDALL P JR.
STREET ADDRESS: 1404 DEAN STREET, SUITE 100
CITY-ST-ZIP: FT. MYERS FL 33901 ☒ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE: MGRM
NAME: Jeff Jones
STREET ADDRESS: 586 Strawberry Hill Rd.
CITY-ST-ZIP: Centerville, MA 02632 ☒ Change ☐ Addition

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

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

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

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

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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: *Jeff A. Jones*

SIGNATURE REQUIRED

Jeff A. Jones 4-8-03 508-862-9300

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

Date

Daytime Phone #

CR2E083 (10/02)