

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001425

1. Entity Name

FLORIDA BREEDERS GROUP, LLC

Principal Place of Business

1877 EDMONDSON ROAD
NOKOMIS FL 34275

Mailing Address

1877 EDMONDSON ROAD
NOKOMIS FL 34275

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

65-0979307

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

EDMONDSON, MEREDITH S
1877 EDMONDSON ROAD
NOKOMIS FL 34275

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
EDMONDSON MANAGEMENT INC.
P.O. BOX 939
NOKOMIS FL 34274 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
MARY CLARK
815 S INCLINE RD.
SARASOTA, FL. ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200003576952--8
-01/26/01--01074--004

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
MEREDITH S EDMONDSON
1877 EDMONDSON ROAD
NOKOMIS, FL. 34275 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
KATHY GOODMAN
Rim Road
SARASOTA, FL. ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
AUDREA MOORMAN
BORROW ROAD
VENICE, FL 34292 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
THOMAS R SCOTT
SR 645
WILLOWOOD, FL. ☐ 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:

Meredith S. Edmondson

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

Date

1/16/01

Daytime Phone #

941
484-4687

FILED
01 JAN 19 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)