

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L00000001425**

1. Entity Name

FLORIDA BREEDERS GROUP, LLC**FILED**
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90171 008 ****50.00

972979

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1877 EDMONDSON ROAD
NOKOMIS FL 34275**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

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

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**
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	MGR	EDMONDSON MANAGEMENT INC.	P.O. BOX 939 NOKOMIS FL 34274	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	MEM	CLARK, MARY	815 SINCLAIR RD. SARASOTA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	MEM	EDMONDSON, MEREDITH S	1877 EDMONDSON RD. NOKOMIS FL 34275	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	MEM	GOODMAN, KATHY	RIM RD. SARASOTA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	MEM	MOORMAN, ANDREA	BORDER RD. VENICE FL 34292	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	MEM	SCOTT, THOMAS R	SR 645 WILDWOOD FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

CR2E083 (4/02)

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 #

941**7/29/02****484-4687**