

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90046 017 ****50.00

DOCUMENT # L00000001425

1. Entity Name

FLORIDA BREEDERS GROUP, LLC



Principal Place of Business

**1877 EDMONDSON ROAD
NOKOMIS FL 34275**

Mailing Address

**PO BOX 939
NOKOMIS FL 34274**

90148162



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0979307**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EDMONDSON, MEREDITH S
1877 EDMONDSON ROAD
NOKOMIS FL 34275**

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 Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS / MANAGERS

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

**MEM
CLARK, MARY
815 SINCLAIR RD.
SARASOTA FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MEM
EDMONDSON, MEREDITH S
1877 EDMONDSON RD.
NOKOMIS FL 34275**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MEM
GOODMAN, KATHY
RIM RD.
SARASOTA FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MEM
MOORMAN, ANDREA
BORDER RD.
VENICE FL 34292**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MEM
SCOTT, THOMAS R
SR 645
WILDWOOD FL**

☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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☐ 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

7/28/03
Date

*941
484-4687*
Daytime Phone #

MEREDITH S. EDMONDSON

CR2E083 (4/03)