

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AF

DOCUMENT # L00000001518

1. Entity Name
RENEGADE FAMILY, L.L.C.

01 APR 20 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5140 CENTENNIAL OAK CIRCLE
TALLAHASSEE FL 32308 32308
1900 Centre Pointe Blvd #71

Mailing Address

5140 CENTENNIAL OAK CIRCLE P.O. Box 15699
TALLAHASSEE FL 32308 32317



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

~~5140 CENTENNIAL OAK CIRCLE~~

3. Mailing Address

POB 15699

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fl.

City & State

Tallahassee

Fl.

4. FEI Number

59-3700750

Applied For

Not Applicable

Zip 32308

Country US

Zip 32317

Country VS

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DURHAM, WILLIAM M
5140 CENTENNIAL OAK CIRCLE
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1900 Centre Pointe Blvd. #71

City

Tallahassee

FL

Zip Code

32308

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

William M Durham
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

TITLE MRG
NAME DURHAM, WILLIAM M
STREET ADDRESS 5140 CENTENNIAL OAK CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 1900 Centre Pointe Blvd #71
CITY-ST-ZIP Tallahassee FL 32308 ☒ Change ☐ Addition

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

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

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

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

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:

William M Durham

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

Date

Daytime Phone #

4/11/01

850-309-7399

CR2E083 (11/00)