

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001813

1. Entity Name

JOSEPHINE'S BED & BREAKFAST, L.C.

FILED

01 JUL 11 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

38 SEASIDE AVENUE  
SEASIDE FL 32927

Mailing Address

~~38 SEASIDE AVENUE~~  
SEASIDE FL ~~32927~~

P.O. Box 4767  
32459

2. Principal Place of Business

38 Seaside Avenue

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4767

Suite, Apt. #, etc.

City & State

Seaside, Florida

City & State

Seaside, Florida

4. FEI Number

59-3635648

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMARI, RICHARD S ESQ.  
96 WILLARD ST., STE. 302  
COCOA FL 32923-1807

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.

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 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME ALBERT, BRUCE M  
STREET ADDRESS 38 SEASIDE AVENUE  
CITY-ST-ZIP SEASIDE FL 32927 32459

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

TITLE MGR ☐ Delete  
NAME ALBERT, JUDY M  
STREET ADDRESS 38 SEASIDE AVENUE  
CITY-ST-ZIP SEASIDE FL 32927 32459

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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 #

4/10/01 850231-1940

CR2E083 (5/01)

STAPLE CHECK HERE