

2001 UNIFORM BUSINESS REPORT (UBR)

0019428 AF

DOCUMENT # L00000002499

1. Entity Name
THE CALADIUM BIN, L.L.C.

FILED

01 MAY -1 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
88 KNOX LANE
LAKE PLACID FL 33852

Mailing Address
POST OFFICE BOX 989
LAKE PLACID FL 33862



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
35 WALKER LANE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 989
Suite, Apt. #, etc.

City & State
LAKE PLACID, FLORIDA

City & State
LAKE PLACID FLORIDA

Zip
33852

Country
HIGHLANDS

Zip
33862

Country
HIGHLANDS

4. FEI Number
59-3641342

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent -
Name
K. MICHAEL KNOX
Street Address (P.O. Box Number is Not Acceptable)
35 WALKER LANE
City
LAKE PLACID FL Zip Code
33852

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 K. MICHAEL KNOX MGR 4/25/01
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/MEMBER

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KNOX, KENNETH P.O. BOX 989 LAKE PLACID FL 33862	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER KAREN NIETUDICE P.O. Box 989 LAKE PLACID, FLA 33862	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: K. MICHAEL KNOX 4/25/01 (863) 699-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)