2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
04-16-2002 90085 007 ****50.00

DOCUMENT # L00000003491

1. Entity Name
GOLDENBROOK I, LLC

Principal Place of Business	Mailing Address
CAMP AVENUE AND US 41 WHITE SPRINGS FL 32096	P.O. BOX 487 WHITE SPRINGS FL 32096

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3632999 ☐ 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
DORSEY, HELEN BACA CAMP AVENUE AND US 41 WHITE SPRINGS FL 32096	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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	TRUS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HELEN B DORSEY REVOCABLE TRUST	NAME	
STREET ADDRESS	CAMP AVENUE AND US 41	STREET ADDRESS	
CITY-ST-ZIP	WHITE SPRINGS FL 32096	CITY-ST-ZIP	
TITLE	TRUS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TODD MILLER IRREVOCABLE TRUST	NAME	
STREET ADDRESS	CAMP AVENUE AND US 41	STREET ADDRESS	
CITY-ST-ZIP	WHITE SPRINGS FL 32096	CITY-ST-ZIP	
TITLE	TRUS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KIRSTEN MILER IRREVOCABLE TRUST	NAME	
STREET ADDRESS	CAMP AVENUE AND US 41	STREET ADDRESS	
CITY-ST-ZIP	WHITE SPRINGS FL 32096	CITY-ST-ZIP	
TITLE	TRUS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CANDACE MILLER IRREVOCABLE TRUST	NAME	
STREET ADDRESS	CAMP AVENUE AND US 41	STREET ADDRESS	
CITY-ST-ZIP	WHITE SPRINGS FL 32096	CITY-ST-ZIP	
TITLE	TRUS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RYAN MILLER IRREVOCABLE TRUST	NAME	
STREET ADDRESS	CAMP AVENUE AND US 41	STREET ADDRESS	
CITY-ST-ZIP	WHITE SPRINGS FL 32096	CITY-ST-ZIP	
TITLE	TRUS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRANDON MILLER IRREVOCABLE TRUST	NAME	
STREET ADDRESS	CAMP AVENUE AND US 41	STREET ADDRESS	
CITY-ST-ZIP	WHITE SPRINGS FL 32096	CITY-ST-ZIP	

CR2E083 (9/01)

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: Helen Baca Dorsey Helen BACA DORSEY Managing Member 4-1-02 386-397-1111 734-995-1950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #