

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004024

1. Entity Name

THE FLOUR BAG AT BOCA GRANDE, L.L.C.

FILED

01 FEB 19 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1861 PLACIDA ROAD, SUITE 204  
ENGLEWOOD FL 34223

Mailing Address

1861 PLACIDA ROAD, SUITE 204  
ENGLEWOOD FL 34223

2. Principal Place of Business

384 E Railroad Ave

Suite, Apt. #, etc.

3. Mailing Address

PO Box 58

Suite, Apt. #, etc.

City & State

Boca Grande FL

City & State

Boca Grande FL

Zip

33921

Country

USA

Zip

33921

Country

USA

4. FEI Number

65-1013710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BATSEL, C. GUY

1861 PLACIDA ROAD, SUITE 204  
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name William K Lyons

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

825 Wright St

City Englewood

FL

Zip Code

34223

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 K Lyons

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-14-01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM TRANSAM CORP. ☐ Delete  
STREET ADDRESS 1861 PLACIDA ROAD, SUITE 204  
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM TransAm Corp ☒ Change ☐ Addition  
STREET ADDRESS 825 Wright St  
CITY-ST-ZIP Englewood FL 34223

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 500003746025--5  
CITY-ST-ZIP -02/21/01--01103--008

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS \*\*\*\*\*50.00 \*\*\*\*\*50.00  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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:

William K Lyons

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

Date

Daytime Phone #

2-14-01 941-697 4190

CR2E083 (11/00)