

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90255 015 ****50.00

DOCUMENT # L00000004393

1. Entity Name

CALUSA CATTLE COMPANY, L.L.C.

Principal Place of Business

**5740 DANIELS PARKWAY
FORT MYERS FL 33912**

Mailing Address

**5740 DANIELS PARKWAY
FORT MYERS FL 33912**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

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

JOHNSON, HELEN VIRGINIA

5740 DANIELS PARKWAY

FORT MYERS FL 33912

16705 W. SR 78

MOORE HAVEN, FL 33471

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)

01/11/2002

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JOHNSON, JOSEPH DENTON
5740 DANIELS PARKWAY
FORT MYERS FL 33912** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**16705 W. SR 78
MOORE HAVEN, FL 33471** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JOHNSON, HELEN VIRGINIA
5740 DANIELS PARKWAY
FORT MYERS FL 33912** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**16705 W. SR 78
MOORE HAVEN, FL 33471** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/COMPTROLLER ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SMART, GERALD G.
12734 KENWOOD LANE, SUITE 49
FT. MYERS, FL 33907** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/COMPTROLLER ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/COMPTROLLER ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/COMPTROLLER ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/COMPTROLLER ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/COMPTROLLER ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/COMPTROLLER ☐ 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 *Helen Virginia Johnson*

HELEN V. JOHNSON

01/11/02

863/673-1989

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

Date

Daytime Phone #

CR2E083 (9/01)