

2001 UNIFORM BUSINESS REPORT (UBR)

0028872 AF

DOCUMENT # L00000006597

1. Entity Name

INTERNATIONAL BARGE AND EQUIPMENT COMPANY, LLC

FILED

01 MAR 21 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

650 25TH STREET, 5TH FLOOR
CLEVELAND TN 37311

Mailing Address

650 25TH STREET, 5TH FLOOR
CLEVELAND TN 37311



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2292 CHAMBLISS AVE. NW

Suite, Apt. #, etc.

SUITE E

City & State

CLEVELAND, TN

Zip

37311

Country

USA

3. Mailing Address

P.O. Box 1479

Suite, Apt. #, etc.

City & State

CLEVELAND, TN

Zip

37364

Country

USA

4. FEI Number

58-2549896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
CHIEF MANAGER
STEVE A. MCKENZIE
2292 CHAMBLISS AVE NW STE. E
CLEVELAND TN 37311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
ASST. CHIEF MANAGER
KENNETH E. GSTOHL
2292 CHAMBLISS AVE NW STE. E
CLEVELAND TN 37311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
CHIEF FINANCIAL OFFICER
JERI F. SLATTON
2292 CHAMBLISS AVE NW STE. E
CLEVELAND, TN 37311

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
4000039096084
-03/26/01--0112--007
*****50.00 *****50.00

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 #

CR2E083 (11/00)