

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000007023

1. Entity Name

THE KNOWLEDGE GUILD, LLC

FILED

01 MAR -9 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4339 BLUE HERON DRIVE  
PONTE VEDRA BEACH FL 32087

Mailing Address

4339 BLUE HERON DRIVE  
PONTE VEDRA BEACH FL 32087



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

818 North Highway A1A  
Suite, Apt. #, etc.  
Suite 301

3. Mailing Address

818 North Highway A1A  
Suite, Apt. #, etc.  
Suite 301

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

USA

Zip

32082

Country

USA

4. FEI Number

59-3697914

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CRAWFORD, JOHN R  
225 WATER STREET, SUITE 900  
JACKSONVILLE FL 32202

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  
MGR  
ENGMANN, RODOLFO F  
4339 BLUE HERON DRIVE  
PONTE VEDRA BEACH FL 32087 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
NEWMAN, CHARLES W  
193 LAMPLIGHTER LANE  
PONTE VEDRA BEACH FL 32082 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
THOENI, ANDREW  
3644 SARAH BROOKE COURT  
JACKSONVILLE FL 32277 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
UGR  
Williamson, Barbara  
1320 Strand Ave  
Neptune Beach, FL 32266 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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10. ADDITIONS / CHANGES

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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\*\*\*\*\*50.00 ☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
☐ 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 60B, Florida Statutes.

SIGNATURE:

*[Signature]*  
SIGNATURE REQUIRED

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

3/6/01 (904) 280-3838

Date

Daytime Phone #

CR2E083 (11/00)