

Amended
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008618

1. Entity Name

GREGG FAMILY LAND COMPANY, LLC

07-11-2002 90246 041 ****50.00

L00000008618

FILED

2002 AUG 27 AM 10:44

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

Principal Place of Business

**1616 S. 14TH STREET
LEESBURG FL 34748**

Mailing Address

**1616 S. 14TH STREET
LEESBURG FL 34748**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 490180

Suite, Apt. #, etc.

City & State

City & State

LEESBURG, FL

Zip

Country

Zip

Country

34744-180

4. FEI Number

59-3660361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, GARY L

**1616 S. 14TH STREET
LEESBURG FL 34748**

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GREGG ENTERPRISES, INC.
1616 S. 14TH STREET
LEESBURG FL 34748** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

CR2E083 (4/02)

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:

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

7/01/02 352-365-6522
Date Daytime Phone #