

2001 UNIFORM BUSINESS REPORT (UBR)

0024779 AF

DOCUMENT # L00000009629

1. Entity Name
FLORIDA SHOWCASE LLC

FILED

01 APR -5 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
169 DEER LAKE CIRCLE
ORMOND BEACH FL 32174

Mailing Address
PO BOX 1356
ORMOND BEACH FL 32175



2. Principal Place of Business

3. Mailing Address

P.O. Box 276

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Ormond Beach FL

4. FEI Number

59-3661755

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

32175

Volusia

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

YOUKON, MICHAEL W
1853 EVERGREEN DR.
EDGEWATER FL 32141

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

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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Manager
W. James Bridges
169 Deer Lake Cir
Ormond Beach, FL 32174
Asst. Manager
Sharon L. Bridges
169 Deer Lake Cir
Ormond Beach, FL 32174

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-04/17/01-01070-009
*****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 #

W. James Bridges

4/3/01 (904) 678-7616

CR2E083 (11/00)