

2001 UNIFORM BUSINESS REPORT (UBR)

0001930 AF

DOCUMENT # L00000009973

1. Entity Name

BAKER BROOM INVESTMENT GROUP L.L.C.

FILED

01 MAY -1 PM 5:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

ROUTE 21, BOX 906
LAKE CITY FL 32024

ROUTE 21, BOX 906
LAKE CITY FL 32024

2. Principal Place of Business

3. Mailing Address

2610 NW 43rd St.

P.O. BOX 357685

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1A

City & State

City & State

Gainesville FL

Gainesville FL

Zip

Zip

32605 USA

32635 USA

4. FEI Number

Applied For

59-3667768

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

BROOM, TIMOTHY

RT 21, BOX 906

RUSSWOOD DRIVE, RUSSWOOD ESTATES

LAKE CITY FL 32024

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.

(NOT) 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

TITLE ☐ Delete
NAME President
STREET ADDRESS Tim Broom
CITY-ST-ZIP 2610 NW 43rd St.
Gainesville, FL 32605

☐ Change ☐ Addition
NAME 300004273193--2
STREET ADDRESS -05/21/01--01078--025
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME Vice President
STREET ADDRESS Greg Baker
CITY-ST-ZIP 2610 NW 43rd St.
Gainesville, FL 32605

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

TITLE ☐ Delete
NAME Denise Broom
STREET ADDRESS Treasurer
CITY-ST-ZIP 2610 NW 43rd St.
Gainesville, FL 32605

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #

4-30-01

352-378-8007

CR2E083 (11/00)