

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010217

1. Entity Name
CHRISCO, LLC

Principal Place of Business
125 N.E. 1ST AVENUE, SUITE 1
OCALA FL 34470

Mailing Address
125 N.E. 1ST AVENUE, SUITE 1
OCALA FL 34470

FILED

01 MAY 21 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1700 SE 17th Street

3. Mailing Address
1700 SE 17th Street

Suite, Apt. #, etc.
#300

Suite, Apt. #, etc.
#300

City & State
Ocala FL

City & State
Ocala FL

Zip
34471

Country
USA

Zip
34471

Country
USA

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAINES, TIM D
125 N.E. 1ST AVENUE, SUITE 1
OCALA FL 34470

7. Name and Address of New Registered Agent

Name Roy Thad Boyd III MRGM
Street Address (P.O. Box Number is Not Acceptable)
1700 SE 17th Street
#300
City Ocala FL Zip Code 34471

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

3-27-01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Roy Thad Boyd III MRGM
1700 SE 17th Street #300
Ocala, FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100004420851--9
-06/14/01--01104--011
*****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

3-27-01

352-861-0248

CR2E083 (11/00)

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