

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010887

1. Entity Name
THE BIG HOUSE, LLC

Principal Place of Business
2922 RIVER POINT DRIVE
DAYTONA BEACH SHORES FL 32176

Mailing Address
2922 RIVER POINT DRIVE
DAYTONA BEACH SHORES FL 32176

2. Principal Place of Business

3. Mailing Address
3206 Glen Oaks Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Lawis Center, Ohio

Zip

Country

Zip
43035

Country
US

FILED

01 NOV -7 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3674692

Applied For

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

SEELEY, BRIAN
1278 OCEAN SHORE BLVD.
ORMOND BEACH FL 32176

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

Due By September 26, 2001

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-11/20/01--01031--001

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRILINDA
MARIO LACUTE
6103 LEON RD
ANDOVER, OHIO 43003

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Lacute Enterprises Inc.
2922 River Point Dr.
Daytona Beach, FL 32118

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRILINDA
DON SEELEY
3206 GLEN OAKS CT.
LAWIS CENTER, OHIO 43035

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Kern Medical Inc.
171 Green Meadows Dr. S
Lawis Center, OH 43035

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

9/24/01 614-854-6333

0010449

CR2E083 (5/01)

STAPLE CHECK HERE