

# 2001 UNIFORM BUSINESS REPORT (UBR)

0020068 AF

DOCUMENT # L00000011433

1. Entity Name

4 C, LLC

FILED

01 APR -6 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
115 WEST OLYMPIA AVE.  
PUNTA GORDA FL 33951-1447

Mailing Address  
C/O JENNIFER HOWELL-FARR, FARR, EMERICH  
P.O. DRAWER 511447  
PUNTA GORDA FL 33951-1447



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-1077411

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

HOWELL, JENNIFER R ESQ.  
FARR, FARR, EMERICH, ET AL  
115 WEST OLYMPIA AVE.  
PUNTA GORDA FL 33951-1447

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

TITLE NAME ☐ Delete  
Operating Manager  
Richard A. Cline  
STREET ADDRESS  
PO Box 510538  
CITY-ST-ZIP  
Punta Gorda, FL 33951-0538

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

TITLE NAME ☐ Delete  
Secretary/Treasurer  
Cynthia J. Cline  
STREET ADDRESS  
PO Box 510538  
CITY-ST-ZIP  
Punta Gorda, FL 33951-0538

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

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ 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:

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

Date

Daytime Phone #

CR2E083 (11/00)