

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90015 020 \*\*\*\*50.00

**DOCUMENT # L00000011767**



1. Entity Name  
**DUNHILL STUD, LLC**

Principal Place of Business

**7100 N.W. 110TH ST.  
REDDICK FL 32686**

Mailing Address

**7100 N.W. 110TH ST.  
REDDICK FL 32686**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3672843**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SIBONI, MICHAEL C  
307 N.W. THIRD STREET  
OCALA FL 34475**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM**  Delete  
NAME **ALLEN, WILLIAM M**  
STREET ADDRESS **7100 N.W. 110TH STREET**  
CITY-ST-ZIP **REDDICK FL 32686**

TITLE **MGRM**  Delete  
NAME **CROVO, CHARLES**  
STREET ADDRESS **7100 N.W. 110TH STREET**  
CITY-ST-ZIP **REDDICK FL 32686**

TITLE **MGRM**  Delete  
NAME **SONNIER, BERT**  
STREET ADDRESS **7100 N.W. 110TH STREET**  
CITY-ST-ZIP **REDDICK FL 32686**

TITLE **MGRM**  Delete  
NAME **MASSARO, CARL**  
STREET ADDRESS **7100 N.W. 110TH STREET**  
CITY-ST-ZIP **REDDICK FL 32686**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  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:

*Charles Crovo*  
**CHARLES CROVO**

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

Date

Daytime Phone #

1/30/03

CR2E083 (10/02)