

2001 UNIFORM BUSINESS REPORT (UBR)

0024279 AF

DOCUMENT # L00000012984

1. Entity Name

BARAN'S COASTAL HOLDINGS, L.L.C.**FILED****01 FEB -5 PM 4:50****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**4264 WINTERS CHAPEL ROAD BLDG A
DORAVILLE GA 30360**

Mailing Address
**4264 WINTERS CHAPEL ROAD BLDG A
DORAVILLE GA 30360**

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2580711

Applied For

Not Applicable

Zip

Country

USA

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

WATSON, FRANKLIN H P.A.**5365 E. OCIUNTY HIGHWAY 30A, SUITE 105****SEAGROVE BEACH FL 32459**

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
STREET ADDRESS
CITY-ST-ZIP

**MGRM
BARANOWSKI, DONALD S
4264 WINTERS CHAPEL ROAD BLDG A
DORAVILLE GA 30360**

☐ Delete

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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: DONALD S. BARANOWSKI

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

1-30-2001

Date

770-455-7009

Daytime Phone #

CR2E083 (11/00)