

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90098 037 ****50.00

DOCUMENT # L01000002004

1. Entity Name

BROTHERS SPE, LLC

Principal Place of Business

**1865 TAMiami TRAIL S.
 VENICE FL 34295**

Mailing Address

**1865 TAMiami TRAIL S.
 VENICE FL 34295**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1075998

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

**MOORE, JOHN L
 200 SOUTH ORANGE AVE.
 SARASOTA FL 34236**

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	President	<input type="checkbox"/> Delete
NAME	James E. Gibson	
STREET ADDRESS	8109 Midnight Pass	
CITY-ST-ZIP	Sarasota FL 34242	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	John R. Robinson	
STREET ADDRESS	1320 Challenge Dr	
CITY-ST-ZIP	Batavia IL 60510	
TITLE	Vice President/Secretary	<input type="checkbox"/> Delete
NAME	Michael J. Byrd	
STREET ADDRESS	1417 Olde Forge Lane	
CITY-ST-ZIP	Woodstock GA 30189	
TITLE	Vice President/Treasurer	<input type="checkbox"/> Delete
NAME	John K. Kinzer	
STREET ADDRESS	173 Peyton St	
CITY-ST-ZIP	Barboursville WV 25504	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

JOHN K. KINZER

2/27/2002 304-733-5349

Date

Daytime Phone #

CR2E083 (9/01)