

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90257 013 ****50.00

DOCUMENT # L01000002688

1. Entity Name

J & J EQUINE INVESTMENTS, L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5285 S.W. 85TH ST.

Suite, Apt. #, etc.

3. Mailing Address
5285 S.W. 85TH ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
OCALA, FL

City & State
OCALA, FL

4. FEI Number
59-3703387

Applied For
☐ Not Applicable

Zip
34476

Country
U.S.A.

Zip
34476

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JERRY N. LACEFIELD, JR

Street Address (P.O.-Box Number is Not Acceptable)
5285 S.W. 85TH ST.

City Ocala **FL** **Zip Code** 34476

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEMBER
JUDITH N. LACEFIELD
1311 WATER OAK WAY N.
BRADENTON, FL 34207

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEMBER
JERRY N. LACEFIELD, JR.
5285 S.W. 85TH ST.
OCALA, FL 34476

TITLE
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STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #

CR2E083B (12/01)