

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90128 010 ****50.00

DOCUMENT # L01000002891

1. Entity Name
DUNNS PLANTATION, LLC

Principal Place of Business

~~4540 SOUTHSIDE BLVD.~~
~~SUITE 302~~
~~JACKSONVILLE FL 32216~~

Mailing Address

~~4540 SOUTHSIDE BLVD.~~
~~SUITE 302~~
~~JACKSONVILLE FL 32216~~

954291



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4315 PABLO OAKS COURT

Suite, Apt. #, etc.
SUITE 1

City & State

JACKSONVILLE, FL

Zip
32224-9667

Country
USA

3. Mailing Address

4315 PABLO OAKS COURT

Suite, Apt. #, etc.
SUITE 1

City & State

JACKSONVILLE, FL

Zip
32224-9667

Country
USA

4. FEI Number

59-3701448

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~HUST, CHRISTOPHER J.~~
~~4540 SOUTHSIDE BLVD.~~
~~SUITE 302~~
~~JACKSONVILLE FL 32216~~

7. Name and Address of New Registered Agent

Name

STOKES, E. CHESTER, JR.

Street Address (P.O. Box Number is Not Acceptable)

4315 PABLO OAKS COURT, SUITE 1

City

JACKSONVILLE

FL

Zip Code
32224

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

E. Chester Stokes, Jr.

E. Chester Stokes, Jr.

4/17/02

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

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STOKES, E. CHESTER, JR. 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224-9667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERGMANN, THOMAS C. 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224-9667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAREN, MICHAEL E. 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224-9667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *E. Chester Stokes, Jr.* **SIGNATURE REQUIRED** **E. Chester Stokes, Jr.**
Managing Member **4/17/02** **904/482-1100**

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

Date

Daytime Phone #

CR2E083 (9/01)