

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004077

1. Entity Name

BAR T RANCH, LLC

Principal Place of Business

1914 ART MUSEUM DRIVE
JACKSONVILLE FL 32207

Mailing Address

1914 ART MUSEUM DRIVE
JACKSONVILLE FL 32207

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

59 370 7827

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOWERS, L. RANDALL
1914 ART MUSEUM DRIVE
JACKSONVILLE FL 32207

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

DIRECTOR - MANAGING
LAWRENCE R. TOWERS
1914 Art Museum Dr

10.

ADDITIONS/CHANGES

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

JACKSONVILLE, FLA 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
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Change Addition

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Change Addition

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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

MANAGERS REQUIRED

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

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90040 030 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)

Date

Daytime Phone

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349
034