

2002 UNIFORM BUSINESS REPORT (UBR)

0005716

DOCUMENT # L01000005980

1. Entity Name

TWIN RIVERS RESEARCH, LLC

FILED
02 OCT 15 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

9770 S. TROPICAL TRAIL
MERRITT ISLAND FL 32952

9770 S. TROPICAL TRAIL
MERRITT ISLAND FL 32952



DO NOT WRITE IN THIS SPACE

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

59-3712962

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRICE, LYNN R ESQ.
1901 HIGHWAY A1A, SUITE 2
INDIAN HARBOUR BEACH FL 32937

Name

Glenn A. DeJong

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

9770 S. TROPICAL TRAIL

City

MERRITT ISL

FL

Zip Code

32952

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Glenn A. DeJong, MGRM

10/10/02

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

700008410917

10/16/02--01087--013 **155.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DEJONG, GLENN A
9770 S. TROPICAL TRAIL
MERRITT ISLAND FL 32952

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

SIGNATURE

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

Date

Daytime Phone #

10/10/02 (321)773-7145

CR2E083 (4/02)