

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90055 038 \*\*\*\*55.00

**DOCUMENT # L01000008182**

1. Entity Name

**WINSOR GROUP, "LLC"**

Principal Place of Business

**607 S. ALEXANDER STREET  
 SUITE 106B  
 PLANT CITY FL 33566**

Mailing Address

**607 S. ALEXANDER STREET  
 SUITE 106B  
 PLANT CITY FL 33566**

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

**59-3720344**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERTS, JAMES C  
 2628 MARTIN AVENUE  
 LAKELAND FL 33803**

Name

**OSBORNE, DAVID C.**

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

**607 S. Alexander St. Suite 106**

**Home 2003 W. Sandalwood Dr. N.**

City

**PLANT CITY**

FL

Zip Code

**33566**

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

*David C. Osborne*

**OSBORNE, DAVID C.**

**2/18/02**

**Managing  
 Member**

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 **MANAGING member (MGRM)** ☒ Delete  
 NAME **ROBERTS, JAMES C.**  
 STREET ADDRESS **2628 MARTIN AVENUE**  
 CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE **MANAGING member (MGRM)** ☒ Change ☒ Addition  
 NAME **OSBORNE, DAVID C.**  
 STREET ADDRESS **607 S. Alexander St. Suite 106**  
 CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE **MANAGING member MGR** ☒ Delete  
 NAME **OSBORNE, DAVID C.**  
 STREET ADDRESS **607 S. Alexander St. Suite 106**  
 CITY-ST-ZIP **PLANT CITY, FL 33566**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

*David C. Osborne*

**MANAGING member**

**OSBORNE, DAVID C. 2/18/02 813-757-6494**

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

Date

Daytime Phone #

CR2E083 (9/01)