2002 UNIFORM BUSINESS REPORT (UBR)

0027862

DOCUMENT # L01000008885

1. Entity Name

BREWER OPERATING COMPANY, LLC

FILED
02 MAY 10 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
125 COASTLINE ROAD, SUITE 2000 SANFORD FL 32771	125 COASTLINE ROAD, SUITE 2000 SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4155 St. Johns Parkway	4155 St. Johns Parkway
Suite, Apt. #, etc. Suite 2000	Suite, Apt. #, etc. Suite 2000
City & State Sanford, FL	City & State Sanford, FL
Zip 32771 Country USA	Zip 32771 Country USA

4. FEI Number 59-3726071 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BREWER, DAVID B 125 COASTLINE ROAD, SUITE 2000 SANFORD FL 32771	Name Street Address (P.O. Box Number is Not Acceptable) 4155 St. Johns Parkway Suite 2000 City Sanford FL Zip Code 32771

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] DATE 4.4.02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	Manager David B. Brewer 4155 St. Johns Pkwy. #2000 Sanford, FL 32771 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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 REQUIRED 4.4.02 407.330.9901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #