

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90002 017 ****50.00

DOCUMENT # L01000011759

1. Entity Name

FORE OF A KIND, LLC

Principal Place of Business

**28463 U.S. HIGHWAY 19 NORTH, STE. 101
CLEARWATER FL 33761**

Mailing Address

**28463 U.S. HIGHWAY 19 NORTH, STE. 101
CLEARWATER FL 33761**

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

59-3737186

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

**MOORE, STEVEN W
8200 BRYAN DAIRY RD., STE. 300
LARGO FL 33777**

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR WHITE, W. DOUGLAS 28463 U.S. HIGHWAY 19 NORTH, STE. 101 CLEARWATER FL 33761			
MGR MARICLE, MICHAEL J 28463 U.S. HIGHWAY 19 NORTH, STE. 101 CLEARWATER FL 33761			
MGR MARICLE, CLAUDIA J 28463 U.S. HIGHWAY 19 NORTH, STE. 101 CLEARWATER FL 33761			
MGR WHITE, KATHRINE 28463 U.S. HIGHWAY 19 NORTH, STE. 101 CLEARWATER FL 33761			

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

Date

Daytime Phone #

CR2E083 (9/01)