

FILED
May 24, 2002 8:00 am
Secretary of State

04-22-2002 90232 001 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013004

1. Entity Name

B & R INVESTMENT COMPANY, LLC

Principal Place of Business

**200 EAST NEW ENGLAND AVENUE, SUITE 200
WINTER PARK FL 32789**

Mailing Address

**200 EAST NEW ENGLAND AVENUE, SUITE 200
WINTER PARK FL 32789**

86845



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

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BODE, C. B
200 EAST NEW ENGLAND AVENUE, SUITE 200
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

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

☐ Delete

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☒ Change ☐ Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

Member
C. Baxter Bode
1157 Torn Burnoy Dr.
Winter Park, FL 32789

☐ Change ☐ Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

CR2083 (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 REQUIRED

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

Date

Daytime Phone #