

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90008 016 ****50.00

DOCUMENT # L01000014975

1. Entity Name

FEDERAL GOLDENROD, LLC

Principal Place of Business

**1030 W. INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32114**

Mailing Address

**1030 W. INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32114**

2. Principal Place of Business

Suite, Apt. #, etc.

SUITE 201

City & State

Zip

Country

3. Mailing Address

c/o Charles Wayne Properties Inc

Suite, Apt. #, etc.

SUITE 201

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3244107

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

TOWER, DEVIN**1030 W. INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32114**

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

TITLE **MGRM** ☐ Delete
NAME **TOWER, DEVIN**
STREET ADDRESS **1030 W. INTERNATIONAL SPEEDWAY BLVD.**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**TITLE **MGRM** ☐ Delete
NAME **LICHTIGMAN, CHARLES S**
STREET ADDRESS **1030 W. INTERNATIONAL SPEEDWAY BLVD.**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**TITLE **MGRM** ☐ Delete
NAME **BARBER, KENNETH T**
STREET ADDRESS **53 N.W. 33RD AVE., STE. 219**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:**SIGNATURE REQUIRED**
DEVIN TOWER**JANUARY 22, 2002****(386) 238-3600**

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

Date

Daytime Phone #

CR2E083 (9/01)