## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Jun 03, 2002 8:00 am Secretary of State

DOCUMENT # L01000016319 1. Entity Name

04-30-2002 90136 010 \*\*\*\*50.00 GOLDEN CHERRY RACING GROUP, LLC Principal Place of Business Mailing Address 90611 C/O ERIC CHERAY C/O ERIC CHERRY 1801 SOUTH FEDERAL HIGHWAY, STE. 300 1801 SOUTH FEDERAL HIGHWAY, STE. 300 **DELRAY BEACH FL 33483 DELRAY BEACH FL 33483** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1141320 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1801 SOUTH FEDERAL HWY., STE, 300 **DELRAY BEACH FL 33483** City Zip Code 6. 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 little 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 ☐ Delete TITLE ☐ Change ✓ Addition CR2E083 (9/01) NAME NAME # 30° STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 TITLE ☐ Dalete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 71P TITLE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby cartify 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 of the execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ONN ERACCHER SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE

Delete

☐ Change

■ Addition