

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90075 001 *****55.00

0045368

DOCUMENT # L01000017812

1. Entity Name

NORTH FLORIDA LAND VENTURES, LLC



Principal Place of Business

**255 NORTH LAKE AVE.
LAKE BUTLER FL 32054**

Mailing Address

**P.O. BOX 238
LAKE BUTLER FL 32054**

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 **59-3754846**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**AGRICOLA, WILLIAM L
914 ATLANTIC AVE. SUITE 2-A
FERNANDINA BEACH FL 32034**

7. Name and Address of New Registered Agent

Name **Avery C. Roberts**

Street Address (P.O. Box Number is Not Acceptable)

255 North Lake Ave

City **Lake Butler**

FL

Zip Code **32054**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME **ROBERTS, AVERY C**
STREET ADDRESS **P. O. BOX 233**
CITY-ST-ZIP **LAKE BUTLER FL 32054**

TITLE **V** ☐ Delete
NAME **AGRICOLA, WILLIAM L**
STREET ADDRESS **914 ATLANTIC AVE STE 2A**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **V** ☐ Delete
NAME **SHADD, JOHN L**
STREET ADDRESS **P O BOX 506**
CITY-ST-ZIP **LAKE BUTLER FL 32054**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-4-03

386 496 3509

CR2E083 (10/02)