

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90088 004 *****55.00

DOCUMENT # L01000018348

1. Entity Name

PRICE-FRAINE, L.C.

Principal Place of Business

1785 J.D. MILLER ROAD
 SANTA ROSA BEACH FL 32459

Mailing Address

1785 J.D. MILLER ROAD
 SANTA ROSA BEACH FL 32459

2. Principal Place of Business

2580 West Co Hwy 30A

3. Mailing Address

P.O. Box 1900

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Santa Rosa Bch, FL

City & State

Santa Rosa Bch, FL

Zip

Country

32459

Zip

Country

32459

4. FEI Number

59-3759006

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PRICE, BLAKELY A
 1785 J.D. MILLER ROAD
 SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name Price, Blakely A.
 Street Address (P.O. Box Number is Not Acceptable)

2580 West Co Hwy 30A

City

Santa Rosa Bch,

FL

Zip Code

32459

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 PRICE LAND, INC.
 STREET ADDRESS 1785 J.D. MILLER ROAD
 CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE MGRM ☐ Delete
 NAME FRAINE, BILL
 STREET ADDRESS 1391 VINTON AVENUE
 CITY-ST-ZIP MEMPHIS TN 38104

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 MGRM ☒ Change ☐ Addition
 NAME Price Land, Inc
 STREET ADDRESS 2580 West Co Hwy 30A
 CITY-ST-ZIP Santa Rosa Bch, FL 32459

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

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

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 CITY-ST-ZIP

TITLE ☐ 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:

Blakely A. Price

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

4/01/02

Date

850-622-6254

Daytime Phone #

CR2E083 (9/01)