**FILED** 

Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90044 032 \*\*\*\*50.00

685-2060

## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000019098

1. Entity Name

SALT SPRINGS LODGE, LLC

Principal Place of Business

SIGNATURE:



Mailing Address 25011 NE HWY 314 13388 NORTH HWY 19 SALT SPRINGS FL 32134 SALT SPRINGS FL 32134 U\$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3757679 Applied For Not Applicable Zip Country Zip 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 ROBSON, SCRIBNER & STEWART, P.A. 307 N.E. 36TH AVE. Street Address (P.O. Box Number is Not Acceptable) SUITE #1 OCALA FL 34470 City 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. I am familiar with, and accept 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 10. ADDITIONS/CHANGES **MGRM** TITLE ☐ Delete TITLE ☐ Change Addition KETCHIE, PAT K NAME NAME STREET ADDRESS 13388 NORTH HWY 19 STREET ADDRESS CITY-ST-ZIE SALT SPRINGS FL 32134 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE RAY, JAMES D NAME STREET ADDRESS 13388 N. HWY 19 STREET ADDRESS CITY-ST-ZIF SALT SPRINGS FL 32134 CITY-ST-ZIP ☐ Defete TITLE Change Addition NAMÉ 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 ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receives or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.