

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90009 022 \*\*\*\*50.00

**DOCUMENT # L01000019219**

1. Entity Name

**MISSISSIPPI RODNEY LANDS, LLC**



Principal Place of Business

**3185 THOMAS DRIVE  
BONIFAY FL 32425-4239**

Mailing Address

**3185 THOMAS DRIVE  
BONIFAY FL 32425-4239**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **26-0030343**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JERNIGAN, JOSEPH H JR.  
3185 THOMAS DRIVE  
BONIFAY FL 32425-4239**

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. 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 **MGRM** ☐ Delete  
NAME **JERNIGAN, JOSEPH H JR.**  
STREET ADDRESS **POST OFFICE BOX 728**  
CITY-ST-ZIP **GRACEVILLE FL 32440-0728**

TITLE **MGRM** ☐ Delete  
NAME **HILDRETH, EMMETT F JR.**  
STREET ADDRESS **POST OFFICE BOX 1673**  
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459-1673**

TITLE **MGRM** ☐ Delete  
NAME **JACKSON, ROBERT T**  
STREET ADDRESS **205 HILLENDALE DRIVE**  
CITY-ST-ZIP **HATTIESBURG MS 39402-2060**

TITLE **MGRM** ☐ Delete  
NAME **HATCHER, ROBERT D**  
STREET ADDRESS **13350 HIGHWAY 53**  
CITY-ST-ZIP **MARBLE HILL GA 30148-2214**

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  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

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

Date

Daytime Phone #

CR2E083 (10/02)