

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2003 8:00 am**  
**Secretary of State**

08-07-2003 90064 042 \*\*\*\*50.00

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**DOCUMENT # L01000020053**

1. Entity Name

**CHAUTUAQUA BUILDERS, L.L.C.**



Principal Place of Business

**694 BALDWIN AVE.  
DEFUNIAK SPRINGS FL 32433**

Mailing Address

**694 BALDWIN AVE.  
DEFUNIAK SPRINGS FL 32433**

2. Principal Place of Business

**475 SHORE DR**

3. Mailing Address

**PO Box 1643**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIRAMAR Bch FL**

City & State

**SANTA ROSA Bch FL**

4. FEI Number

**59-3757246**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INFINGER, ROBERT**

**694 BALDWIN AVE. 475 SHORE DR.**

**DEFUNIAK SPRINGS FL 32433**

**MIRAMAR Bch FL 32550**

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
INFINGER, ROBERT  
654 LAKESIDE DR  
DEFUNIAK SPRINGS FL 32433** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
INFINGER, ROBERT  
475 SHORE DR  
MIRAMAR Bch FL 32550** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RUSHING, PAUL W  
320 RUSHING CT  
DEFUNIAK SPRINGS FL 32433** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 (4/03)