

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-07-2003 90613 024 \*\*\*\*50.00

**DOCUMENT # L02000010971**

1. Entity Name

**GOURMET COUNTRY, LLC**



Principal Place of Business

6319 CEDAR LANE  
LAKELAND FL 33813

Mailing Address

6319 CEDAR LANE  
LAKELAND FL 33813

2. Principal Place of Business

3615 S. Florida Ave.

3. Mailing Address

3615 S. Florida Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 910

Ste. 910

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33803

Country

U.S.A.

Zip

33803

Country

U.S.A.

4. FEJ Number

61-1418148

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

WEINER, JOANNE  
6319 CEDAR LANE  
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name **WEINER JOANNE**

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

3615 S. FLORIDA AVE - STE-910

City **LAKELAND**

FL

Zip Code

33803

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 *Joanne Weiner - Manager*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/10/03

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 **MGR** ☐ Delete  
NAME **WEINER, JOANNE**  
STREET ADDRESS **6319 CEDAR LANE**  
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **MGR** ☐ Delete  
NAME **WEINER, JEFFREY**  
STREET ADDRESS **6319 CEDAR LANE**  
CITY-ST-ZIP **LAKELAND FL 33813**

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 ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3615 S. Florida Ave. - Ste. 910**  
CITY-ST-ZIP **Lakeland, FL 33803**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3615 S. Florida Ave. - Ste. 910**  
CITY-ST-ZIP **Lakeland, FL 33803**

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

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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:

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

1/10/03 863-648-2811  
Date Daytime Phone #

CR2E083 (10/02)