

**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

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**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.  
**Ste. 910**

City & State  
**Lakeland, FL**

City & State  
**Lakeland, FL**

Zip  
**33803**

Country  
**U.S.A.**

4. FEJ Number  
**61-1418148**

Applied For  
 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**

State  
**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** DATE **1/10/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR WEINER, JOANNE 6319 CEDAR LANE LAKELAND FL 33813</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR WEINER, JEFFREY 6319 CEDAR LANE LAKELAND FL 33813</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3615 S. Florida Ave. - Ste. 910 Lakeland, FL 33803</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3615 S. Florida Ave. - Ste. 910 Lakeland, FL 33803</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Joanne Weiner** **JOANNE WEINER** DATE **1/10/03** DAYTIME PHONE # **863-648-2811**

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

CR2E083 (10/02)