

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State

7/21

07-21-2003 90089 008 ****50.00

DOCUMENT # L02000015230

1. Entity Name

COUNTRY COBBLER JACKSONVILLE, LLC



Principal Place of Business

800 PINE POINT CIRCLE
VALDOSTA GA 31602

Mailing Address

800 PINE POINT CIRCLE
VALDOSTA GA 31602

55054657

2. Principal Place of Business

5800 Beach Blvd
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2006
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

JACKSONVILLE FL

City & State

VALDOSTA GA

4. FEI Number

51-0419013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHUTES, FREDDA B
2117 ISLAND LAKE CIRCLE
PANAMA CITY FL 32405

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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE **PRES.**
NAME **E. L. Williams** ☐ Change ☐ Addition
STREET ADDRESS **800 PINE POINT CR.**
CITY-ST-ZIP **VALDOSTA GA 31602**

TITLE **SECY-TREAS**
NAME **CAROLYN B. Williams** ☐ Change ☐ Addition
STREET ADDRESS **800 PINE POINT CR**
CITY-ST-ZIP **VALDOSTA GA 31602**

TITLE **VICE-PRES.**
NAME **J. CASON Williams** ☐ Change ☐ Addition
STREET ADDRESS **5616 BARBER CR.**
CITY-ST-ZIP **HAHIRA GA 31632**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Carolyn B. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

7-15-03 228-242-1430

CR2E083 (10/02)