

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90234 004 \*\*\*\*50.00

0041104

**DOCUMENT # L02000015703**

1. Entity Name

**F.C.C. ON SITE FOOD SERVICES, LLC**



Principal Place of Business

**1590 FIRST STREET  
SARASOTA FL 34236**

Mailing Address

**1590 FIRST STREET  
SARASOTA FL 34236**

2. Principal Place of Business

**13502 REEDER ROAD**

3. Mailing Address

**1590 FIRST STREET**

Suite, Apt. #, etc.

**PORT MANATEE**

Suite, Apt. #, etc.

City & State

**PALMETTO FL.**

City & State

**SARASOTA, FL.**

Zip

**34221**

Country

**USA**

Zip

**34236**

Country

**USA**

4. FEI Number

**27-0017076**

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

**GOAR, JAMES C  
1590 FIRST STREET  
SARASOTA FL 34236**

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

**MGRM  
GOAR, JAMES C  
1590 FIRST STREET  
SARASOTA FL 34236**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
DODSON, LAWRENCE L  
5331 SARA POINTE DR.  
SARASOTA FL 34232**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
STJERNEVALL, ROBERT  
592 RANGER DR.  
LONGBOAT KEY FL 34228**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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 REQUIRED**  
**JAMES C. GOAR** 4.5.03 944 266 6380

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

Date

Daytime Phone #

CR2E083 (10/02)