


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/25/2003-90042-005-\$50.00-\$50.00

0005947

DOCUMENT # L02000015939

1. Entity Name
TOMOKA REALTY GROUP, LLC



FILED

03 OCT 28 AM 8:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**192 S. RIDGEWOOD AVE
535 ARROYO PARKWAY
ORMOND BEACH FL 32174
US**

Mailing Address
**192 S. RIDGEWOOD AVE
535 ARROYO PARKWAY
ORMOND BEACH FL 32174
US**



2. Principal Place of Business
192 SOUTH RIDGEWOOD AVE

3. Mailing Address
192 S. RIDGEWOOD AVE.

Suite, Apt. #, etc.
ORMOND BEACH, FL

Suite, Apt. #, etc.
ORMOND BEACH, FL.

City & State
ORMOND BEACH, FL

City & State
ORMOND BEACH, FL.

☐ CHECK HERE IF MAKING CHANGES

Zip
32174

Country
U.S.

Zip
32174

Country
U.S.

4. FEI Number

Applied For
☒ Not Applicable

6. Name and Address of Current Registered Agent
**MOORE, TERRENCE J
535 ARROYO PARKWAY
ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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 **Terrence J. Moore** DATE **9/21/03**

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 September 24, 2003

MGR

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TERRENCE J. MOORE 192 S. RIDGEWOOD AVE ORMOND BEACH, FL. 32174 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Terrence J. Moore** DATE **9/21/03** DAYTIME PHONE # **386-299-4085**

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

CR2E083 (4/03)