

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000017087

1. Entity Name

YANKEE NOMAD, LLC



**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90110 046 \*\*\*\*50.00

Principal Place of Business

005 SOUTHEAST 4TH AVENUE  
FORT LAUDERDALE FL 33316  
IS

Mailing Address

2005 SOUTHEAST 4TH AVENUE  
FORT LAUDERDALE FL 33316  
US

70151304

2. Principal Place of Business

1600 SE 17th St

Suite, Apt. #, etc.

Suite 404

City & State

Ft Lauderdale, FL

Zip

33316

Country

Broward

3. Mailing Address

1600 SE 17th St

Suite, Apt. #, etc.

Suite 404

City & State

Ft Lauderdale, FL

Zip

33316

Country

Broward

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

41-2049465

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BENNETT, THERESA M  
2005 SOUTHEAST 4TH AVENUE  
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

B

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

1600 SE 17th St

Suite 404

City

Ft Lauderdale

FL

Zip Code

33316

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR  
NAME: GARDNER, GRADY G  
STREET ADDRESS: 2005 SOUTHEAST 4TH AVENUE  
CITY-ST-ZIP: FORT LAUDERDALE FL 33316  
☐ Delete

TITLE: MGR  
NAME: GARDNER, DOROTHY W  
STREET ADDRESS: 2005 SOUTHEAST 4TH AVENUE  
CITY-ST-ZIP: FORT LAUDERDALE FL 33316  
☐ Delete

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
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CITY-ST-ZIP: \_\_\_\_\_  
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10. ADDITIONS/CHANGES

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: 1600 SE 17th St.  
CITY-ST-ZIP: Suite 404, Ft Lauderdale, FL 33316  
☒ Change ☐ Addition

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: 1600 SE 17th St. Suite 404  
CITY-ST-ZIP: Ft Lauderdale, FL 33316  
☒ Change ☐ Addition

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_  
☐ Change ☐ Addition

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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:

*Grady Gardner*

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

8/13/03

Date

954-439-8814

Daytime Phone #