

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0042877

DOCUMENT # L02000023085

1. Entity Name
TEN BROECK JS, LLC



FILED

03 APR 30 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

603 MAIN STREET
WINDERMERE FL 34786
US

Mailing Address

603 MAIN STREET
WINDERMERE FL 34786
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARKMAN, KEVIN
603 MAIN STREET
WINDERMERE FL 34786

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 MGR
NAME DIZNEY, DONALD R
STREET ADDRESS 603 MAIN STREET
CITY-ST-ZIP WINDERMERE FL 34786 ☐ Delete

TITLE MGR
NAME SHULL, JOE L
STREET ADDRESS 179 HICKORY COURT
CITY-ST-ZIP BANNER ELK NC 28604 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME ENGLISH, JAMES E.
STREET ADDRESS 603 MAIN STREET
CITY-ST-ZIP WINDERMERE, FL 34786 ☐ Change ☒ Addition

TITLE MGR
NAME DIZNEY, DAVID A.
STREET ADDRESS 603 MAIN STREET
CITY-ST-ZIP WINDERMERE, FL 34786 ☐ Change ☒ Addition

TITLE
NAME 100017559731
STREET ADDRESS 04/30/03--01051--009
CITY-ST-ZIP **50.00 ☐ Change ☐ Addition

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: Kevin Barkman **SIGNATURE REQUIRED** Kevin Barkman 4-22-03 (407) 876-2200

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

Date

Daytime Phone #

CR2E083 (10/02)