

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2003 8:00 am**  
**Secretary of State**

07-22-2003 90039 013 \*\*\*\*50.00

**DOCUMENT # L02000023707**

1. Entity Name

**CHASING WINDMILLS PRODUCTIONS, LLC**



Principal Place of Business

**2485 FORFARSHIRE DRIVE  
WINTER PARK FL 32792**

Mailing Address

**2485 FORFARSHIRE DRIVE  
WINTER PARK FL 32792**

2. Principal Place of Business

**2916 West Covington Dr.**

Suite, Apt. #, etc.

3. Mailing Address

**2916 West Covington Dr.**

Suite, Apt. #, etc.

City & State

**Deltona, FL**

City & State

**Deltona, FL**

Zip

**32738**

Country

**West Volusia**

Zip

**32738**

Country

**West Volusia**

4. FEI Number

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

**SHAW-BUCKSATH, ANASTASIA S  
2485 FORFARSHIRE DRIVE  
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

Name **Anastasia Shaw-Bucksath**  
Street Address (P.O. Box Number is Not Acceptable) **2916 West Covington Drive**  
City **Deltona** **FL** Zip Code **32738**

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** ☐ Delete  
NAME **SHAW-BUCKSATH, ANASTASIA S**  
STREET ADDRESS **2485 FORFARSHIRE DRIVE**  
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **MGR** ☐ Delete  
NAME **BUCKSATH, MARC C**  
STREET ADDRESS **2485 FORFARSHIRE DRIVE**  
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Shaw-Bucksath, Anastasia S.**  
STREET ADDRESS **2916 West Covington Drive**  
CITY-ST-ZIP **Deltona, FL 32738**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Bucksath, Marc C.**  
STREET ADDRESS **2916 West Covington Drive**  
CITY-ST-ZIP **Deltona, FL 32738**

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

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

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

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

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:**

**Anastasia Shaw-Bucksath**

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

**July 14, 2003**

Date

**386.532.3661**

Daytime Phone #

CR2E083 (4/03)