

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90012 030 \*\*\*\*50.00

**DOCUMENT # L02000024934**

1. Entity Name  
**N B & R, LLC**



Principal Place of Business  
**7340 REGINA ROYALE  
SARASOTA FL 34238**

Mailing Address  
**7340 REGINA ROYALE  
SARASOTA FL 34238**

2. Principal Place of Business

3. Mailing Address

**PO Box 3379**



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Sarasota FL**

4. FEI Number

**11-3654948**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34230**

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ICARD, MERRILL, CULLIS, TIMM, ET AL PA  
% F. THOMAS HOPKINS  
2033 MAIN STREET, SUITE 600  
SARASOTA FL 34237**

Name

**BILL FRIESING**

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

**2401 BENEVA ROAD**

City

**SARASOTA**

**FL**

Zip Code

**34232**

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]*

(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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MRG  
WILIAM FRIESING  
2401 BENEVA ROAD  
SARASOTA, FL 34232**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MRG  
GERALD NICHOLS  
2401 BENEVA ROAD  
SARASOTA, FL 34232**

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]* **WILLIAM FRIESING**

**3-503**

**941-922-1312**

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

Date

Daytime Phone #

CR2E083 (10/02)