

**FOR PROFIT
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 05, 2007 8:00 am
Secretary of State

06-05-2007 90157 001 ***150.00

DOCUMENT # L04060059111	
1. Entity Name Ollie Koola's Backyard I, LLC	

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business 1318 Beach Blvd.	3. Mailing Address PO Box 398
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville Beach, FL	City & State Ponte Vedra, FL
Zip 32250	Zip 32004
Country Duval	Country St. Johns

4. FEI Number 20-1556111	Applied For ☐ No; Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name Kevin Price	
Street Address (P.O. Box Number is Not Acceptable) 8060 Cypress Hollow Ct.	
City Ponte Vedra Beach FL	Zip Code 32082

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) (If None, Registered Agent Signature required when re-electing) DATE

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

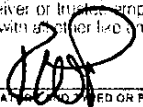
9. Election Campaign Financing
Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE Managing Member	NAME Kevin Price
STREET ADDRESS 8060 Cypress Hollow Ct	
CITY-STATE-ZIP Ponte Vedra, FL 32082	
TITLE Managing Member	NAME Bruce Schilling
STREET ADDRESS 112 Strong Branch Dr.	
CITY-STATE-ZIP Ponte Vedra, FL 32082	
TITLE	NAME
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-STATE-ZIP	

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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, with another fee empowered.

SIGNATURE:  **Kevin Price**

5/29/07

904-910-4509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Business Phone #

CR2E034B (12/02)