

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000544

1. Entity Name

YELLOW BRICK ROAD PUBLICATIONS, L.C.

FILED

01 MAR 27 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

321 DUANE PALMER BLVD
SEBRING FL 33870

Mailing Address

321 DUANE PALMER BLVD
SEBRING FL 33870

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

06-1430732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DECERBO, JOSEPH
321 DUANE PALMER BLVD
SEBRING FL 33870

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM DECERBO, JOSEPH ☐ Delete
STREET ADDRESS 321 DUANE PALMER BLVD
CITY-ST-ZIP SEBRING FL 33870

TITLE NAME MGRM DECERBO, DEBORAH ☐ Delete
STREET ADDRESS 321 DUANE PALMER BLVD
CITY-ST-ZIP SEBRING FL 33870

TITLE NAME MGRM DECERBO, THOMAS ☐ Delete
STREET ADDRESS 321 DUANE PALMER BLVD
CITY-ST-ZIP SEBRING FL 33870

TITLE NAME MGRM ENGLER, EDWARD ☐ Delete
STREET ADDRESS 309 DUANE PALMER BLVD.
CITY-ST-ZIP SEBRING FL 33870

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 700003995167--1
CITY-ST-ZIP -04/12/01--01073--020
*****50.00 *****50.00

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

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

3/13/01 863-655-0686
Date Daytime Phone #

CR2E083 (11/00)