

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

00389083

DOCUMENT # L95000000544

1. Entity Name

YELLOW BRICK ROAD PUBLICATIONS, L.C.

02-05-2002 90116 002 ****50.00

Principal Place of Business

321 DUANE PALMER BLVD
SEBRING FL 33870

Mailing Address

321 DUANE PALMER BLVD
SEBRING FL 33870

33876

33876



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 06-1430732

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DECERBO, JOSEPH
321 DUANE PALMER BLVD
SEBRING FL 33870

33876

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
DECERBO, JOSEPH
STREET ADDRESS
321 DUANE PALMER BLVD
CITY-ST-ZIP
SEBRING FL 33870 33876 ☐ Delete

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

TITLE
NAME
MGRM
DECERBO, DEBORAH
STREET ADDRESS
321 DUANE PALMER BLVD
CITY-ST-ZIP
SEBRING FL 33870 33876 ☐ Delete

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

TITLE
NAME
MGRM
DECERBO, THOMAS
STREET ADDRESS
321 DUANE PALMER BLVD
CITY-ST-ZIP
SEBRING FL 33870 33876 ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

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

1/28/02 863-655-0686

Date

Daytime Phone #

CR2E083 (9/01)