

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000941

1. Entity Name
BC&H ENTERPRISES, L.L.C.

FILED

01 MAY -7 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1890 SOUTH 14TH STREET
SUITE 120
FERNANDINA BEACH FL 32034

Mailing Address
1890 SOUTH 14TH STREET
SUITE 120
FERNANDINA BEACH FL 32034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1553 GERBING RD
Suite, Apt. #, etc.

3. Mailing Address
1553 GERBING RD
Suite, Apt. #, etc.

City & State
AMELIA ISLAND, FL
Zip
32034
Country
USA

City & State
AMELIA ISLAND, FL
Zip
32034
Country
USA

4. FEI Number
59-3376760
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, HAL J
1890 SOUTH 14TH STREET
SUITE 120
FERNANDINA BEACH FL 32034

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

600004368466--5
-06/07/01--01008--015
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, HAL J 1890 SOUTH 14TH STREET AMELIA ISLAND FL 32034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM THOMPSON, BEEBE S 1890 SOUTH 14TH STREET AMELIA ISLAND FL 32034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM THOMPSON, COURTNEY R 1890 SOUTH 14TH STREET AMELIA ISLAND FL 32034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #