

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000223

1. Entity Name

BRYBAR PROPERTIES, L.C.

FILED

01 APR 12 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2300 CORPORATE BLVD.
SUITE 112
BOCA RATON FL 33431

Mailing Address

2300 CORPORATE BLVD.
SUITE 112
BOCA RATON FL 33431



2. Principal Place of Business

301 Yamato Road

3. Mailing Address

301 Yamato Road

Suite, Apt. #, etc.

Suite 3191

Suite, Apt. #, etc.

Suite 3191

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33431

Country

U.S.

Zip

33431

Country

U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0644805

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KINSEY, JOHN T
2300 CORPORATE BLVD.
SUITE 112
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

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

301 Yamato Road

Suite 3191

City

Boca Raton

FL

Zip Code

33431

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
STREET ADDRESS
CITY-ST-ZIP
MGRM
KINSEY, JOHN T
2300 CORPORATE BLVD., #112
BOCA RATON FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Kinsey, John T.
301 Yamato Rd., Suite 3191
Boca Raton, FL 33431 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300004063959-4
-04/24/01--01068--010
*****55.00 *****55.00 ☐ Change ☐ Addition

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

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

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: *John T. Kinsey*

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

John T. Kinsey, Manager

4-02-2001 (56) 994-8572

Date

Daytime Phone #

CR2E083 (11/00)