

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0013904 AF

DOCUMENT # L96000000395

1. Entity Name
BIG BEND ENTERPRISES, L.C.

Principal Place of Business
1625 E. WADE ST.
TRENTON FL 32693

Mailing Address
2715 S. BYRON BUTLER PKWY
PERRY FL 32347-6309



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 59-3369570

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

DAVIS, JIM
2715 S. BYRON BUTLER PKWY
PERRY FL 32347

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

10. ADDITIONS/CHANGES

TITLE NAME MEM EVANS, B. PHILLIP JR. ☐ Delete
STREET ADDRESS 1911 NW 20TH WAY
CITY- ST- ZIP GAINESVILLE FL 32605

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

TITLE NAME MEM BRYANT, TODD ☐ Delete
STREET ADDRESS 6489 S.W. CR 232
CITY- ST- ZIP TRENTON FL 32693

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

TITLE NAME MEM ROLAND, REESE BARRY ☐ Delete
STREET ADDRESS 2030 SW 100TH STREET
CITY- ST- ZIP TRENTON FL 32693

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

TITLE NAME MEM BRADLEY, CLIFTON E ☐ Delete
STREET ADDRESS PO BOX 653
CITY- ST- ZIP TRENTON FL 32693

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

TITLE NAME MEM WARE OIL & SUPPLY COMPANY, INC. ☐ Delete
STREET ADDRESS 2715 S. BYRON BUTLER PARKWAY
CITY- ST- ZIP PERRY FL 32347

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

TITLE NAME ☐ Delete
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 OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)