

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000295

1. Entity Name

KITCHEN ENCOUNTERS OF CLAY COUNTY L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 13 AM 11:45

Principal Place of Business

410 WALNUT ST.
GREEN COVE SPRINGS FL 32043

Mailing Address

410 WALNUT ST.
GREEN COVE SPRINGS FL 32043-3444

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

59-3490101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUTCHINGS, M. BRETT
410 WALNUT ST.
GREEN COVE SPRINGS FL 32043

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
STREET ADDRESS
CITY- ST- ZIP
MGRM
HUTCHINGS, M. BRETT
410 WALNUT ST.
GREEN COVE SPRINGS FL 32043 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
3000003104188--4
-01/20/00--0100000017
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
HUTCHINGS, DIANE E
410 WALNUT ST.
GREEN COVE SPRINGS FL 32043 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
GRAHAM, H. LEE
410 WALNUT ST.
GREEN COVE SPRINGS FL 32043 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MRGM
GRAHAM, LAURA
410 WALNUT ST.
GREEN COVE SPRINGS FL 32043 ☐ 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 OR MANAGER

Date

Daytime Phone #

1/10/00

(904) 281-7713

CR2E083 (9/99)