

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR -3 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Inf 4/18



DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000000335

1. Entity Name  
ROLLING RECREATIONS, L.C.

Principal Place of Business  
2222 EDGEWOOD DRIVE SOUTH  
LAKELAND FL 32803

Mailing Address  
6819 BROKEN ARROW TRAIL  
LAKELAND FL 33813-3708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3498271

Applied For

Not Applicable

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

STRICKLAND, JOHN THOMAS III  
343 DAYTONA AVENUE  
HOLLY HILL FL 32117

Name  
STRICKLAND JOHN THOMAS III  
Street Address (P.O. Box Number is Not Acceptable)

6819 BROKEN ARROW TRAIL

City  
LAKELAND

FL

Zip Code  
33813

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 *John Thomas Strickland III*

3/30/2000

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MBR STRICKLAND, JOHN THOMAS III  
6819 BROKE ARROW TRAIL  
LAKELAND FL ☐ Delete

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

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MBR STRICKLAND, DEBBIE JO III  
6819 BROKE ARROW TRAIL  
LAKELAND FL ☐ Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700003222137-9  
-04/25/00--01012--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE NAME  
NAME  
STREET ADDRESS  
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☐ Delete

TITLE NAME  
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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 THOMAS STRICKLAND III*

3/30/00

863 644 6044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)