## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9800001077

1. Entity Name

JOHN YOUNG AMERICANA, L.C.



**FILED** Mar 17, 2003 8:00 am Secretary of State 03-17-2003 90002 038 \*\*\*\*50.00

Principal Place of Business Mailing Address				_				
1030 WEST INTERNATIONAL SPEEDWAY DRIVE DAYTONA BEACH FL 32114		1030 WEST INTERNATIONAL SPEEDWAY DRIVE DAYTONA BEACH FL 32114						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		· ·	CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Nur	nber <b>59-3523833</b>		pplied For lot Applicable	
Zip Country		Zip	Country	ntry 5. Certificate of Status Desired		\$5.00 Ac	\$5.00 Additional Fee Required	
<del></del>	6. Name and Address of Currer	t Registered Agent		7. Name a	nd Address of New Regist	ered Agent		
LICH	ITIGMAN, CHARLES S	Name						
1030	D WEST INTERNATIONAL SPEED TONA BEACH FL 32114	WAY DRIVE	Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Coo	de	
8. The above the obligat	named entity submits this statement lions of registered agent.	for the purpose of changing its re	gistered office or regis	stered agent, or t	ooth, in the State of Florida.	I am familiar with	and accept	
SIGNATURE	Signature, typed or printed name of registered ager	legistered Agent signature req	uired when reinstating)		DATE			
		Make Check Payable	V!!! FEE IS \$50.0 to Florida Departr By May 1, 2003		t · · ·			
9.	MANAGING MEMB	ERS/MANAGERS	10.		ADDITIONS/CHAN	NGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LICHTIGMAN, CHARLES S 1030 WEST INTERNATIONAL S DAYTONA BEACH FL 32114	Delete PEEDWAY DRIVE	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOWER, DEVIN 1030 WEST IBS DAYTONA BEACH FL 32114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	·	☐ Delete	TITLE  NAME  CIPECT ADDRESS			☐ Change	Addition	
CITY-ST-ZIP	anife Abra Abra infant		STREET ADDRESS CITY-ST-ZIP	· 				

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

(38b)238-3600