

# 2001 UNIFORM BUSINESS REPORT (UBR)

0023432 AF

**DOCUMENT # L98000001142**

1. Entity Name  
**LYNDELL CITRUS & CATTLE, LLC**

**FILED**

01 FEB -7 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1800 SIR LANCELOT CIRCLE  
ST CLOUD FL 34772**

Mailing Address  
**PO BOX 700248  
ST CLOUD FL 34770-0248**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3527646**

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

**PRICKETT, KELI W  
1800 SIR LANCELOT CIRCLE  
ST CLOUD FL 34772**

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 \_\_\_\_\_ (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	<input type="checkbox"/> Delete
<b>MGRM</b>	<b>RICHARD O'DELL BRONSON, SR FAMILY TRUST</b>	<b>1800 SIR LANCELOT CIRCLE ST CLOUD FL 34772</b>	<input type="checkbox"/>
<b>MGRM</b>	<b>MADELYN K. BRONSON FAMILY TRUST</b>	<b>1800 SIR LANCELOT CIRCLE ST CLOUD FL 34772</b>	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>500003675905--3</b>	<input type="checkbox"/>	<input type="checkbox"/>
		<b>-02/13/01--0002</b>	<input type="checkbox"/>	<input type="checkbox"/>
		<b>*****50.00 *****50.00</b>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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: Madelyn K Bronson **SIGNATURE REQUIRED** TEE Date: 2-2-01 Daytime Phone #: 4078911228

CR2E083 (11/00)