

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L98000001142**

1. Entity Name

LYNDELL CITRUS & CATTLE, LLC

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RICHARD O'DELL BRONSON, SR FAMILY TRUST	
STREET ADDRESS	1800 SIR LANCELOT CIRCLE	
CITY-ST-ZIP	ST CLOUD FL 34772	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MADELYN K. BRONSON FAMILY TRUST	
STREET ADDRESS	1800 SIR LANCELOT CIRCLE	
CITY-ST-ZIP	ST CLOUD FL 34772	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 REQUIRED
Madelyn K. Bronson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90155 008 ****55.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3527646

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

0042282

CR2E083 (9/01)