

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 17 PM 12: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001233

1. Entity Name

NEWCO MANAGEMENT, L.C.

Principal Place of Business

4881 NW 8TH AVE., SUITE 5
GAINESVILLE FL 32605

Mailing Address

4881 NW 8TH AVE., SUITE 5
GAINESVILLE FL 32605-4582

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

59-3522865

Applied For

Not Applicable

5. Certificate of Status Desired ☐ ☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MNM

6. Name and Address of Current Registered Agent

BRANNEN, JESSE C
4881 NW 8TH AVE., SUITE 5
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

Name Daniel Duncanson
Street Address (P.O. Box Number is Not Acceptable) 4881 NW 8TH AVE, Suite 3
City Gainesville FL Zip Code 32605

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HAWKINS, ROBERT R 9721 ORMSBY STATION ROAD LOUISVILLE KY 40202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHANDLER, CHRIS 9721 ORMSBY STATION ROAD LOUISVILLE KY 40202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DOLL, JOHN K 9721 ORMSBY STATION ROAD LOUISVILLE KY 40202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRANNEN, JESSE C 4881 NW 8TH AVE., SUITE 5 GAINESVILLE FL 32605	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DUNCANSON, DANIEL 4881 NW 8TH AVE., SUITE 5 GAINESVILLE FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROZBORIL, MICHAEL 4881 NW 8TH AVE., SUITE 5 GAINESVILLE FL 32605	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

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

3/27/00

352-367-8586

CR2E083 (9/99)