

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001392

1. Entity Name
BONIFAY HOLDINGS L.L.C.

Principal Place of Business
224 NORTH WAUKESHA STREET
BONIFAY FL 32425

Mailing Address
P.O. BOX 65
BONIFAY FL 32425

FILED

01 JAN 12 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3547705

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

WILKINSON, CATHI C
215 SO. MONROE STREET 2ND FLOOR
TALLAHASSEE FL 32301

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR GEORGE, GLEN D ☐ Delete
STREET ADDRESS 224 NORTH WAUKESHA STREET
CITY-ST-ZIP BONIFAY FL 32425

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

TITLE NAME MGR GEORGE, VICKERY G ☐ Delete
STREET ADDRESS 224 NORTH WAUKESHA STREET
CITY-ST-ZIP BONIFAY FL 32425

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

TITLE NAME MGR HAYES, RHONDA G ☐ Delete
STREET ADDRESS 224 NORTH WAUKESHA STREET
CITY-ST-ZIP BONIFAY FL 32425

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

TITLE NAME MGR BELL, SANDRA G ☐ Delete
STREET ADDRESS 224 NORTH WAUKESHA STREET
CITY-ST-ZIP BONIFAY FL 32425

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Rhonda Hayes

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

Date

Daytime Phone #

1-10-01 850-547-3624

CR2E083 (11/00)