

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0014670 AF

00 MAY 22 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001642

1. Entity Name
CRACKER COWBOY ENTERPRISES, L.C.

Principal Place of Business
3620 ELEVEN MILE RD.
FT. PIERCE FL 34945

Mailing Address
3620 ELEVEN MILE RD.
FT. PIERCE FL 34945-2501

2. Principal Place of Business
1489 S. Brocksmith Rd
Suite, Apt. #, etc.

3. Mailing Address
1489 S. Brocksmith Rd
Suite, Apt. #, etc.

City & State
Ft. Pierce, FL

City & State
Ft. Pierce, FL

4. FEI Number
65-0873279

Applied For
Not Applicable

Zip
34945

Country
St. Lucie

Zip
34945

Country
St. Lucie

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PHARES, WILLIAM B
3620 ELEVEN MILE RD.
FT. PIERCE FL 34945

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

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PHARES, WILLIAM B
3620 ELEVEN MILE RD.
FT. PIERCE FL 34945 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PHARES, SANDRA L
3620 ELEVEN MILE RD.
FT. PIERCE FL 34945 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1489 S. Brocksmith Rd.
Ft. Pierce, FL 34945 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1489 S. Brocksmith Rd.
Ft. Pierce, FL 34945 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003283741-0
-06/09/00--01113--016
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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

5/1/00

Date

561-464-1971

Daytime Phone #

CR21:08 (1/1/9)