

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 30, 2002 8:00 am**  
**Secretary of State**

09-30-2002 90175 008 \*\*\*\*50.00

**DOCUMENT # L98000001642**

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

Principal Place of Business Mailing Address  
**1489 S. BROCKSMITH RD. 1489 S. BROCKSMITH RD.**  
**FT. PIERCE FL 34945 FT. PIERCE FL 34945**

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 **65-0873279** Applied For  
 Not Applicable

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

**1489 S. Brocksmith Rd.**  
 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]*  
 Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **9/26/02**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **PHARES, WILLIAM B**  
 CITY-ST-ZIP **1489 S. BROCKSMITH RD.**  
**FT. PIERCE FL 34945**

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

TITLE ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **PHARES, SANDRA L**  
 CITY-ST-ZIP **1489 S. BROCKSMITH RD.**  
**FT. PIERCE FL 34945**

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**9/26/02 772 464 1971**  
 Date Daytime Phone #

CR2E083 (9/01)