

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001874

1. Entity Name

FOR-EVER GREEN OF JEFFERSON COUNTY, L.L.C.

**FILED**  
Sep 15, 2002 8:00 am  
Secretary of State

09-15-2002 90089 020 \*\*\*\*50.00

000810

Principal Place of Business

2525 S. JEFFERSON ST.  
MONTICELLO FL 32344

Mailing Address

2525 S. JEFFERSON ST.  
MONTICELLO FL 32344

000631



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Monticello, FL

3. Mailing Address

P.O. Box 755

Suite, Apt. #, etc.

2525 S. Jefferson St.

Suite, Apt. #, etc.

City & State

Monticello, FL

City & State

Monticello, FL

Zip

32344

Country

USA

Zip

32345

Country

USA

4. FEI Number 59-2557881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BESHEARS, HALSEY W

RT. 1 BOX 250 - 2525 S. Jefferson St.  
MONTICELLO FL 32344

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
BESHEARS, HALSEY W  
RT. 1 BOX 250  
MONTICELLO FL 32344

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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 REQUIRED*

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

Date

Daytime Phone #

CR2E083 (4/02)