

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90011 018 ****50.00

DOCUMENT # L98000001874

1. Entity Name
FOR-EVER GREEN OF JEFFERSON COUNTY, L.L.C.



Principal Place of Business

**2525 S. JEFFERSON ST.
MONTICELLO FL 32344**

Mailing Address

**P.O. BOX 755
MONTICELLO FL 32395**

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 **59-2557881**

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

**BESHEARS, HALSEY W
2525 S JEFFERSON ST
P.O. BOX 755
MONTICELLO FL 32344**

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **BESHEARS, HALSEY W**
STREET ADDRESS **~~RT. 1 BOX 250~~ 2525 S. Jefferson St.**
CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Beshears, Halsey W.**
STREET ADDRESS **2525 S. Jefferson St.**
CITY-ST-ZIP **Monticello, FL 32344**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

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

2/10/2003

850-997-5045

Date

Daytime Phone #

CR2E083 (10/02)