

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003488

1. Entity Name

GASKINS-YOUNG GROUP, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 PM 2:01



DO NOT WRITE IN THIS SPACE

Principal Place of Business
7016 DAVIS CREEK RD
JACKSONVILLE FL 32256-3026

Mailing Address
7016 DAVIS CREEK RD
JACKSONVILLE FL 32256-3026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3558280

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

F&L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202

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
STREET ADDRESS
CITY-ST-ZIP

MGRM
GASKINS, LARRY C
7016 DAVIS CREEK RD
JACKSONVILLE FL 32256-3026

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

3/21/00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
YOUNG, C. COLEMAN JR
7016 DAVIS CREEK RD
JACKSONVILLE FL 32256-3026

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

600003183596--4
-03/24/00--01093--007
*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
FARLEY, DOUGLAS W
7016 DAVIS CREEK RD
JACKSONVILLE FL 32256-3026

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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

Date

Daytime Phone #

Douglas W. Farley
DOUGLAS W. FARLEY

2/22/00 (904) 260-9899