

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003488

1. Entity Name

C. YOUNG CONSTRUCTION, L.L.C.

FILED

01 JAN 26 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

8535 Baymeadows Road

Suite, Apt. #, etc.

Suite 45

City & State

Jacksonville, FL

Zip

32256

Country

USA

3. Mailing Address

8535 BAYMEADOWS Road

Suite, Apt. #, etc.

Suite 45

City & State

Jacksonville, FL

Zip

32256

Country

USA

4. FEI Number

59-3558280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRAZIER, W. ROBINSON

1515 RIVERSIDE AVENUE, SUITE A

JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name

Frazier, W. Robinson

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

1515 Riverside Avenue, Suite A

City

Jacksonville,

FL

Zip Code  
32204

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

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  
MGRM  
FARLEY, DOUGLAS W  
7016 DAVIS CREEK RD  
JACKSONVILLE FL 32256-3026 ☒ 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  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000003601640--0  
-01/30/01--01070--019  
☐ Change ☐ Addition

TITLE  
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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:

*C. Young*  
SIGNATURE REQUIRED

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

Date

Daytime Phone #

01.18.01 (904) 730-5135

CR2E083 (11/00)