

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90185 024 \*\*\*\*50.00

**DOCUMENT # L99000000213**

1. Entity Name  
**WILD RIDE, L.L.C.**

Principal Place of Business

Mailing Address

**304 BROADVIEW DR.  
 FT. MYERS FL 33905**

**304 BROADVIEW DR.  
 FT. MYERS FL 33905**

2. Principal Place of Business

3. Mailing Address

**2997 BATEMAN RD**  
 Suite, Apt. #, etc.

**2997 BATEMAN RD**  
 Suite, Apt. #, etc.

City & State **ALVA, FL**

City & State **ALVA, FL**

4. FEI Number **65-0911828**

Applied For  
 Not Applicable

Zip **33920** Country **USA**

Zip **33920** Country **USA**

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

**MCEWEN, GEORGE B III  
 304 BROADVIEW DR.  
 FT. MYERS FL 33905**

Name **DEBORA A. MCEWEN**

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

**2997 BATEMAN RD**

City **ALVA** **FL** Zip Code **33920**

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 **DEBORA A. MCEWEN** **DEBORA A. MCEWEN** **8-5-02**  
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

10. ADDITIONS / CHANGES

TITLE **MGRM** ☒ Delete  
 NAME **MCEWEN, GEORGE B III**  
 STREET ADDRESS **304 BROADVIEW DR.**  
 CITY-ST-ZIP **FT. MYERS FL 33905**

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

TITLE **MGRM** ☐ Delete  
 NAME **DEBORA A. MCEWEN**  
 STREET ADDRESS **2997 BATEMAN RD**  
 CITY-ST-ZIP **ALVA, FL 33920**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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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: **DEBORA A. MCEWEN** **8-5-02** **239-851-6872**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)