

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2002 8:00 am**  
**Secretary of State**

06-02-2002 90903 008 \*\*\*550.00

**DOCUMENT # L99000001177**

1. Entity Name

**BRC FLORIDA HOLDINGS, L.L.C.**

Principal Place of Business

**13303 RANCH RD.  
JACKSONVILLE FL 32218**

Mailing Address

**13303 RANCH RD.  
JACKSONVILLE FL 32218**

2. Principal Place of Business

3. Mailing Address

**14600-1 Duval Place West**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Jacksonville, FL**

Zip

Country

Zip

Country

**32218**

**USA**

4. FEI Number

**59-3565940**

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

**BRADDOCK, WILLIAM K  
13303 RANCH ROAD  
JACKSONVILLE FL 32218**

Name

**Michael M. Bajalia**

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

**1301 Riverplace Blvd, Suite 1700**

City

**Jacksonville**

**FL**

Zip Code

**32207**

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	BRADDOCK, WILLIAM K	P.O. BOX 85	FERNANDINA BEACH FL 32034	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGRM	BRADDOCK, STEPHEN R	3323 FAIRWAY OAK	AMELIA ISLAND FL 32218	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 #

**5/22/02**

**(904) 741-6999**

CR2E083 (9/01)