

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001285

1. Entity Name
YAMAR, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 16 AM 10:02

Principal Place of Business
410 LONGFELLOW BLVD.
LAKELAND FL 33801

Mailing Address
410 LONGFELLOW BLVD.
LAKELAND FL 33801

2. Principal Place of Business
1405 Shorewood Dr
Suite, Apt. #, etc.

3. Mailing Address
1405 Shorewood Dr
Suite, Apt. #, etc.

City & State
Lakeland, FL
Zip 33803
Country USA

City & State
Lakeland, FL
Zip 33803
Country USA

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

YACHABACH, JERRY
410 LONGFELLOW BLVD.
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name Yachabach, Jerry
Street Address (P.O. Box Number is Not Acceptable)
1405 Shorewood Dr
City Lakeland FL Zip Code 33803

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 Jerry Yachabach [Signature] DATE 8/7/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

500003369965--0
-08/23/00--01092--002
*****50.00 *****50.00

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM
NAME YACHABACH, JERRY
STREET ADDRESS 1405 SHOREWOOD DRIVE
CITY-ST-ZIP LAKELAND FL 33803 ☐ Delete

TITLE MGRM
NAME YACHABACH, JINNY
STREET ADDRESS 1405 SHOREWOOD DRIVE
CITY-ST-ZIP LAKELAND FL 33803 ☐ 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

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 ☐ Change ☐ Addition

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

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

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

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] 8/7/00 PL3-646-6917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (5/00)