

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001520

1. Entity Name

IDUN'S SOURCE, L.L.C.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 3 AM 8:54

Principal Place of Business

~~9838 OLD BAY MEADOWS RD~~

~~#343~~

JACKSONVILLE FL 32256

Mailing Address

~~9838 OLD BAY MEADOWS RD~~

~~#343~~

JACKSONVILLE FL 32256-8101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8119 Green Glade Rd

3. Mailing Address

8119 Green Glade Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32256

Country

Dual

Zip

32256

Country

Dual

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

CT CORPORATION SYSTEM

1200 S PINE ISLAND ROAD

PLANTATION FL 33324

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 MGR
NAME HANNIS HOPE COMPANY
STREET ADDRESS 5716 ORCHID LANE
CITY- ST- ZIP DALLAS TX 75230-4022

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

500003178335--5
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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:

Kirsti Stewart
K. STANASIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/20/00

Date

(704) 928-0997

Daytime Phone #

CR2E083 (9/99)