

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0042799

DOCUMENT # L99000002041

1. Entity Name

TEN BROECK JACKSONVILLE, LLC



FILED
03 APR 30 AM 10:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

603 MAIN STREET
WINDERMERE FL 34786

Mailing Address

603 MAIN STREET
WINDERMERE FL 34786

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3568978

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

BARKMAN, KEVIN
603 MAIN STREET
WINDERMERE FL 34786-1100

Name

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

City

FL

Zip Code

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIZNEY, DONALD R 603 MAIN STREET WINDERMERE FL 34786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ENGLISH, JAMES E 603 MAIN STREET WINDERMERE FL 34786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIZNEY, DAVID A 603 MAIN STREET WINDERMERE FL 34786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARKMAN, KEVIN 603 MAIN STREET WINDERMERE FL 34786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUNNIFF, GREGORY R 603 MAIN STREET WINDERMERE FL 34786	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAMMER, PATRICK 8521 LAGRANGE ROAD LOUISVILLE KY 40242	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FEHR, STEPHEN 603 MAIN STREET WINDERMERE, FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELEHUNT, JANINE 603 MAIN STREET WINDERMERE, FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: *Kevin Barkman*

SIGNATURE REQUIRED

Kevin Barkman

3-5-03

(407) 876-2200

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

Date

Daytime Phone #

CR2E083 (10/02)