

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002507

1. Entity Name

PRAIRIE GROVES, LLC

APPROVED
AND
FILED

00 MAY 25 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O 1133 BAL HARBOR BLVD
SUITE 1129
PUNTA GORDA FL 33950

Mailing Address

C/O 1133 BAL HARBOR BLVD
SUITE 1129
PUNTA GORDA FL 33950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-6916830

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

BEVIS, J. LYN

39311 WASHINGTON LOOP ROAD
PUNTA GORDA FL 33982

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.

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
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
SCHILLER, FRED
#4 SABLE DRIVE
PUNTA GORDA FL 33950 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
800003289928--0
-06/14/00--01113--020
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
BEVIS, J. LYN
39311 WASHINGTON LOOP ROAD
PUNTA GORDA FL 33982 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
BISHOP, BRAD E
12607 SW KINGSWAY CIRCLE
LAKE SUZY FL 34266 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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CITY- ST- ZIP
☐ Delete

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 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 OR MANAGER

Date

4-25-00

CR-2-0013 (9/99)