

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 23 AM 7:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002797

1. Entity Name  
FIREHOUSE CONWAY, L.C.

Principal Place of Business  
9850-5 SAN JOSE BOULEVARD  
JACKSONVILLE FL 32257

Mailing Address  
9850-5 SAN JOSE BOULEVARD  
JACKSONVILLE FL 32257-5495

2. Principal Place of Business  
3410 Kori Rd.  
Suite, Apt. #, etc.

3. Mailing Address  
3410 Kori Rd.  
Suite, Apt. #, etc.

City & State  
Jacksonville, FL  
Zip 32257 Country USA

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Jacksonville, FL  
Zip 32257 Country USA

4. EEL Number  
59-3577358

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

FIREHOUSE OF ARKANSAS, INC.  
9850-5 SAN JOSE BOULEVARD  
JACKSONVILLE FL 32257

## 7. Name and Address of New Registered Agent

Name Firehouse of Arkansas, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
3410 Kori Rd.  
City Jacksonville, FL Zip Code 32257

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

TITLE NAME MGRM  
STREET ADDRESS FIREHOUSE OF ARKANSAS, INC.  
CITY- ST- ZIP 9850-5 SAN JOSE BOULEVARD  
JACKSONVILLE FL 32257 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

## 10. ADDITIONS/CHANGES

TITLE NAME Firehouse of Arkansas, Inc. ☒ Change ☐ Addition  
STREET ADDRESS 3410 Kori Rd.  
CITY- ST- ZIP Jacksonville, FL 32257

TITLE NAME Robin Sorensen ☐ Change ☒ Addition  
STREET ADDRESS 3410 Kori Rd.  
CITY- ST- ZIP Jacksonville, FL 32257

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
Robin Sorensen

Date

5/1/00

Daytime Phone #

(904) 886-8300

CR 1E013 (5/99)