

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **L99000002799**

1. Entity Name
FIREHOUSE LAKEWOOD VILLAGE, L.C.

00 MAY 23 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 9850-5 SAN JOSE BOULEVARD JACKSONVILLE FL 32257	Mailing Address 9850-5 SAN JOSE BOULEVARD JACKSONVILLE FL 32257-5495
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3410 Kari Rd. Suite, Apt. #, etc.	3. Mailing Address 3410 Kari Rd. Suite, Apt. #, etc.
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City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32257	Zip 32257
Country USA	Country USA

4. FEI Number 59-3577389	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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 Kari 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 _____ (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 STREET ADDRESS CITY-ST-ZIP	MGRM FIREHOUSE OF ARKANSAS, INC. 9850-5 SAN JOSE BOULEVARD JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Firehouse of Arkansas Inc 3410 Kari Rd Jacksonville, FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Robin Saensen 3410 Kari Rd. Jacksonville, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Robin Saensen** **5h/00** **(904) 886-8300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2 E.O. 13 (3/99)