

# 2001 UNIFORM BUSINESS REPORT (UBR)

0024563 AF

DOCUMENT # L99000003102

1. Entity Name

N.S. DAY COMM, L.L.C.

FILED

01 MAR 12 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

RT 22 BOX 737  
LAKE CITY FL 32024

Mailing Address

RT 22 BOX 737  
LAKE CITY FL 32024



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8242 SW 51<sup>st</sup> Blvd

Suite, Apt. #, etc.

3. Mailing Address

8242 SW 51<sup>st</sup> Blvd

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

59-3574583  
APPLIED FOR

Applied For

Not Applicable

Zip

32608

Country

USA

Zip

32608

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAY, SHANNON  
RT 22 BOX 737  
LAKE CITY FL 32024

7. Name and Address of New Registered Agent

Name

Shannon Day

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

8242 SW 51<sup>st</sup> Blvd

City

Gainesville

FL

Zip Code

32608

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  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DAY, SHANNON  
RT 22 BOX 737  
LAKE CITY FL 32024

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
8242 SW 51<sup>st</sup> BLVD  
Gainesville, FL 32608

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 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 REQUIRED

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

Date

Daytime Phone #

1-29-01 352-384-0826

CR2E083 (11/00)