

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003442

1. Entity Name

APPLE PIE PUBLISHERS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -5 AM 10:02

Principal Place of Business

1 NE FIRST AVENUE, SUITE 303
OCALA FL 34470

Mailing Address

1 NE FIRST AVENUE, SUITE 303
OCALA FL 34470

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

TROW, CHESTER J
1 NE FIRST AVENUE, SUITE 303
OCALA FL 34470

7. Name and Address of New Registered Agent

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

200003390962--1
-09/13/00--01014--017
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME PERRY, RICHARD A
STREET ADDRESS 1 NE FIRST AVENUE, SUITE 303
CITY-ST-ZIP Ocala FL 34470

TITLE MGRM ☐ Delete
NAME YON, MICHAEL
STREET ADDRESS 628 SE 18TH STREET
CITY-ST-ZIP Ocala FL 34471 *Change*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☒ Change ☐ Addition
NAME managing member
Yon, Michael
STREET ADDRESS PMB 325 SW 75th St.
CITY-ST-ZIP Gainesville, FL 32608

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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

25 Aug 2000 (352) 472-2833

Date

Daytime Phone #

CR2E083 (5/00)