

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003442

1. Entity Name  
APPLE PIE PUBLISHERS, LLC

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

161 N. MAIN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WILLISTON, FL

Zip

Country

Zip

Country

32696

LEVY

4. FEI Number APPLIED FOR  
65-0920921

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

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

Name  
SHARON C. BRANNAN, CPA PA  
Street Address (Please do not include P.O. Box)  
161 N. MAIN STREET  
WILLISTON, FL 32696  
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.

SHARON C. BRANNAN

DATE

10/10/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 26, 2001

200004734272--8  
-12/20/01--01044--014  
\*\*\*\*100.00 \*\*\*\*100.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200004734272--8  
-12/20/01--01044--015  
\*\*\*\*50.00 \*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
YON, MICHAEL  
PMB 325 5745 SW 75TH ST.  
GAINESVILLE FL 32608 ☐ Delete

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

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

REINSTATEMENT

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: MICHAEL YON SIGNATURE REQUIRED

9/26/01

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CR2E083 (5/01)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC 18 AM 10:19



DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE