

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000003476**1. Entity Name
OLNEY & CO. PUBLISHING L.L.C.

Principal Place of Business 3485 WELLINGTON RD PENSACOLA FL 32504	Mailing Address P.O. BOX 10746 PENSACOLA FL 32524
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
59-3638208

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**OLNEY RICHARD BJR**
3485 WELLINGTON RD

PENSACOLA FL 32504 US**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 **RICHARD B. OLNEY, JR.****04/30/2001**

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	MGRM	<input type="checkbox"/> Delete
NAME	OLNEY COLLEEN	
STREET ADDRESS	P.O. BOX 10746	
CITY-ST-ZIP	PENSACOLA FL 32524	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	OLNEY RICHARD BJR	
STREET ADDRESS	P.O. BOX 10746	
CITY-ST-ZIP	PENSACOLA FL 32524	

TITLE		<input type="checkbox"/> Delete
NAME		
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10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Richard B. Olney, Jr.**MGRM 04/30/2001**

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

Date

Daytime Phone #

CR2E083 (11/00)