2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L99000003608

1. Entity Name

FROST & SAUNDERS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 17 AM 10: 20

Principal Place of Business	Mailing Address
395 SOUTH CENTRAL AVENUE	395 SOUTH CENTRAL AVENUE
BARTOW FL 33830	BARTOW FL 33830-4622

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip	Country	Zip	Country

4. FEI Number
59-3585744

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**
FROST, JOHN W II 395 SOUTH CENTRAL AVENUE BARTOW FL 33830	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

9.	**MANAGING MEMBERS / MEMBERS**		**10.**	**ADDITIONS / CHANGES**	
TITLE **MGRM** NAME **FROST, JOHN W II** STREET ADDRESS **395 SOUTH CENTRAL AVENUE** CITY-ST-ZIP **BARTOW FL 33830**		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*mf 2/28/00*	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9000031562BD -03/03/00--01059--003 *****50.00 *****50.00	☐ Change ☐ Addition
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CR2E083 (9/99)

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____   John W. Frost, II   2/15/00   863 533-031?

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #